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THE WEEKLY MEDICAL REVIEW.

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WE CONGRATULATE the readers of the REVIEW upon the addition to the corps of its active editorial staff of Dr. Senn, of Milwaukee. The doctor has long been known, not only in the Northwest but all over the country, as a most active worker, and his researches and studies into various topics connected with anatomy and surgery have made positive additions to the sum of human knowledge. The managers of the REVIEW are endeavoring to give its subscribers even more than was promised them; and this latest addition is certainly a conspicuous step in that direction.

SPURRED RYE has been a frequent source of perplexity to analytical chemists. In 1831, Wiggers called ergotine a resinous principle which he obtained in precipitating by water the concentrated tincture of ergot, previously deprived by ether of its fatty parts. This substance is of a brownish red, insoluble in water and ether, but very soluble in water and chloroform. Some have recognized properties in this substance, while by many others these properties have positively been denied. Ten years later, Bonjeau of Chambery, announced under the name of ergotine an aqueous extract of ergot, of which the albuminous and gummous parts had been precipitated by alcohol, as well as some of its salts. This is therefore a very complex substance, far from being what its name seems to indicate. In 1865, Wenzell announced that he had discovered in ergot two amorphous bases: ergotine and ecboline, which from ulterior researches appear identical. This ergotine of Wenzell is "a powder having the appearance of a brownish black varnish, soluble in alcohol and water, but insoluble in ether and chloroform." Therefore it is a body not clearly defined. In 1875, Dragendorff and Padwisotski advanced the opinion that the active principle of the ergot of rye is insoluble in alcohol (which is evidently an error), and is an acid which they call sclerotic acid. But as they never succeeded in obtaining that acid in a pure state, they describe it as presenting itself under the appearance of the aqueous extract of ergot. Its effects are far from having fulfilled the expectations of its authors; it is so irritating and painful in hypodermic injections that it is not safe to administer it in this way. In 1875, Tanret discovered an alkaloid which he called ergotinine, which crystallizes in fine prismatic needles. It is fixed. Prepared with the proper precautions, it is quite white; but it colors rapidly under the action of light and air, especially in solution. It is insoluble in water, but soluble in alcohol, ether, or chloroform. Its solutions are very fluorescent. Like some other alkaloids, such as narcotine, colchicine, caffeine, etc., pure ergotinine has a reaction neutral to litmus. This, it is now claimed, possesses the properties of ordinary ergot.

A CASE OF OBSCURE fatal nervous disease is related by Dr. F. C. Shattuck in the Boston Medical Journal, May 17, 1883 (Med. and Surg. Reporter): A woman aged fifty-five, who had never given her health a thought, for it had always been excellent, but who had had a great deal of trouble, finally broke down with symptoms of partial paralysis of motion in the tongue, palate, portions of the face, the muscles of the back of the neck, and left shoulder. At the end of six months' rest, these symptoms disappeared almost entirely, but returned more rapidly than they went; and two months later, about seventeen months after the first appearance of paraly-

gramme, Dr. J. L. Thompson, Indianapolis; to the secretary, Dr. G. W. Burton, Mitchell, Indiana; or to the president, Dr. Wm. Porter, St. Louis.

At the Recent Meeting of the American Laryngological Association, Dr. Thomas R. French, of Brooklyn, read a paper on photographing the larynx. Since the report which he had made at the last meeting a large number of experiments had been tried, and various improvements been made in taking photographs of the larynx, in all of which he had been enthusiastically seconded by his friend, Mr. Brainard, of Brooklyn, a civil engineer by profession, and an accomplished amateur photographer. Their aim had been, first, to simplify the procedure and render it of greater practical utility, and, secondly, to make better photographs. Of late a hand camera, instead of the stationary instrument formerly employed, had been tried, and although the pictures taken by it were considerably smaller in size it rendered it possible to secure photographs of many patients, in whom the larynx permitted only a moderate degree of tolerance, which could not be taken with the stationary camera. The light employed had been of five kinds, namely, unaided sunlight, condensed sunlight, and the oxyhydrogen, magnesium, and electric lights. The electric light, he said, had been found much less efficient than condensed sunlight, which had proved to be the most satisfactory kind of illumination. While he had most commonly employed the hand camera of late, he had not abandoned the use of the stationary instrument in suitable cases, and the photographs taken with it during the last few months were much better than those of last year. Still they were not of much practical value. Dr. French then described the hand camera and its appendages, including a condenser of sunlight devised by Mr. Brainard. Some of the photographs (a number of which were exhibited), he said, were so small that they could not be seen well without a magnifying glass, and in order to make them fully appreciable by the unaided eye it was necessary to enlarge them. By the use of more perfect lenses and the adoption of other improvements he hoped to accomplish better results in the future than had yet been attained. The results achieved since last year were summed up as follows: 1. Better photographs taken with the stationary camera. 2. The camera so modified as to be held in the hand. 3. Photographs taken instantaneously by means of the drop-shutter. 4. The parts exposed in the mirror alone photographed. 5. The securing of photographs without the knowledge of the patient when desirable. 6. Several diseased conditions of the larynx photographed for the first time. 7. Portions of the rhinoscopic image taken for the first time.

Mr. Hubert Sells, Senior Resident Obstetric of Guy's Hospital, describes the following case of malformation in a new-born infant, very fairly developed (British Medical Journal): On looking at the lower limbs, the first thing that struck one was, that the patella on both sides were apparently missing, and in their place was, on each limb, a depression. The description of one limb will suffice for both. The movements of the hip-joint were complete. The thigh, instead of being convex, was slightly concave on its anterior aspect. The tibia and fibula were in their normal relative positions. The foot looked forwards naturally, and the ankle-joint was normal. The patella was placed at the back of the joint instead of in front. In the normal position of the patella was the depression above mentioned, which apparently represented the popliteal space, as the continuation of the femoral artery could be felt pulsating here, and there were some tendons on either side of it, analogous to the hamstring tendons. There was also, running down a little to the inner side of the center of this space a strong tendon, which was continued downwards to the head of the tibia, and may have been the representative of the quadriceps extensor tendon. Posteriorly, the patella was rather firmly fixed, nearer the femur than the tibia, in a

strong tendon, so that the impression at first was that it (the patella) was attached by osseous tissue to the femur. This idea was, however, dispelled on moving the joint. The movements of the knee-joint were perfect but reversed. The tendon in which the patella was fixed was exactly like the ordinary extensor tendon of the thigh. The artery could not be traced below the head of the tibia. It may, I hope, be seen from the above description, that the leg could be flexed on the thigh anteriorly, as much as it would have been posteriorly in the normal state. When the child was first seen, it had the toes of one foot almost in its mouth, which, of course, it could reach easily without flexing the thigh. The child died on the third day after birth, and, unfortunately, the parents would not consent to a post-mortem examination.

After an Examination of many diabetics, Dr. Magitot has come to the following conclusions: First, examination of the mouth of diabetics furnishes a constant symptom of the disease. Second, this symptom is a lesion of the alveolar border, which may be designated as an alveolar osteo-periostitis. Third, this manifestation appears at the outset of the disease, persists during its course, and can, in consequence, be considered a pathognomonic symptom. Fourth, this alveolar affection considered as a symptom of diabetis, presents three periods. Its first period is that of simple deviation of the teeth. Its second period is that of loosening of the teeth and alveolar catarrh. Each of these periods is in relation to the phase of the constitutional disease. The third period, that of the falling out of the teeth corresponds to a more advanced state of glycosuria. Besides this last symptom there may occur, if the patient lives long enough, an osseous resorption, which may or may not be consecutive to a gangrene of the gums. The appearance of this latter complication is evidence of a critical stage of the disease, as it ordinarily ushers in its fatal termination. The value, as a symptom, of the first stage of dental changes, remains to be determined. It must be obvious, however, that it can only occur in the more chronic forms of glycosuric diabetis.

An English Contemporary reports (Boson Med. and Surg. Jour.) a case of supposed death from nitrite of amyl. The victim was an English captain in Hong Kong, who had been suffering from phthisis, and who fell under the care of an incompetent physician, who, we regret to say, was an American, and who told him that he had no lung trouble, but did have heart disease. For this affection he prescribed nitrite of amyl, giving him seven drachms with instructions for inhalation. A short time afterwards the captain was found dead in his bed one morning, having gone to bed, it was believed, in his usual health. A physician who was called in found the body lying in the normal position of a sleeping man. There was a handkerchief in the right hand, and three bottles containing nitrite of amyl were found in the saloon adjoining the cabin. This attendant declining to give a certificate of death, the coroner ordered a post-mortem examination. Extensive phthisis was found, there being cavities in both apices. As regards the state of the heart the witnesses did not quite agree, two of them stating that the left ventricle was empty, but one (who admitted that he was not present when the heart was opened) said that the left ventricle contained some blood. The valves and muscular substance were found to be natural. These witnesses were practically agreed that death had been due to heart failure, and that this was not accounted for by anything found at the autopsy. Dr. Fisher, the prescribing physician, in his testimony said that he had treated the patient for angina pectoris, that he had found a murmur over the heart indicative of mitral regurgitation. In his opinion the patient had died from angina pectoris. The worth of this witness's opinion may be inferred from the fact that he explained that in mitral regurgitation there was disease of the mitral valve, causing regurgitation into the left ventricle! In the end the jury returned an open verdict, the evidence not being legally conclusive of the drug having caused

death, but the presumption, of course, being very strong that it did.

A Correspondent of the Lancet (April 21) says, apropos of the discussion at a late meeting of the American Laryngological Assiation on the influence of the deviation of the nasal septum on the quality of the singing voice, that in all cases that have come under his care the voice has been impaired, and considerable improvement has been the result of treatment. He refers particularly to the case of a gentleman who had suffered from obstructed respiration in the affected nostril as long as he could remember, and for the last few years had been quite unable to sing. The septum, which was strongly bent to the right side, was forcibly straightened, the septil cartilage being at the same time divided in a stellar manner by means of a tenotome to overcome its resiliency, and maintained in position by retentive apparatus. The improvement in this case was most marked. The nasal intonation was lost, and he tells his physician that he is now able to sing with pleasure, and that his friends consider that he has a very good voice.

A Way of Turning old bottles to good account has been discovered. A man runs against you in the street and simultaneously drops a medicine bottle on the pavement; whereupon you learn that you have broken the poor fellow's bottle of medicine, and you are invited to give him a shilling to get another dose. The fellow who tried the plan in London would undoubtedly have made it work well if he had not been so foolish as to stay in the same street a whole day in full view of the same police constable.

M. Pasteur has read a paper on rouge, or mal rouge, of pigs, before the French Academy of Sciences (Medical Record). The disease he treats of has been very destructive in France. In the valley of the Rhone, this year, it destroyed not less than twenty thousand pigs. Dr. Klein, in 1879, gave an account of it and designated it pneumo-enteritis. Pasteur takes exception to Klein's account of the nature and characteristics of the parasite which produces the illness, holding that it has a dumb-bell shape, and bears a close resemblance to that which produces the cholera of fowls, but is less easily detected. He claims inoculation by a diluted form of the virus affords a protection. If this is true, it is a matter of importance in this country, where thousands of pigs die yearly from the disease in question.

One of the Vienna surgeons was one day called in hottest haste to see the little son of a well-known Austrian Count. On reaching his patient he found a trifling scratch on the child's hand. Sitting down and writing a prescription he gave it to one of the servants with instructions not to lose an instant, but to bring the medicine as soon as possible. "And is the danger so imminent, then?" asked the Countess. "No, not that," replied the Professor," "I only feared lest the wound should be entirely healed before the servant returned."

A Man went into a drug store, and asked for something to cure a headache. The druggist held a bottle of hartshorn to his nose, and he was nearly overpowered by its pungency. As soon as he recovered, he began to rail at the druggist, and threatened to punch his head. "But didn't it help your headache?" asked the apothecary. "Help my headache!" gasped the man. "I haven't any headache. It's my wife that's got the headache."

The Following (for facial erysipelas) may be painted over the parts affected once every two hours, a thin layer of cotton being placed over the parts immediately afterwards: ℞. Ac. carbolici, sp. vini rect., āā, ʒj; sp. terebinth, ʒj; tr. iodinii, ʒj; glycerine, ʒv. M.

Lord Sandwich once asked Foote whether he expected "to die from disease or the gallows?" "That depends," said Foote, "on whether I first embrace your lordship's mistress or your principles."

CONTRIBUTIONS.

ADDRESS IN OBSTETRICS AND DISEASES OF WOMEN.

BY DR. J. K. BARTLETT, OF WISCONSIN.

[Chairman of Section Read before the American Medical Association.]

Mr. President and Gentlemen of the American Medical Association:

The position with which you have honored me requires, by ordinance, that a résumé of the so-called advances in our special department should be made the subject of this address. This rule has not been observed for the past two years, and would now, perhaps, "be better honored in the breach than in the observance;" but being a law-abiding subject, the writer has chosen mainly to comply with it, and will serve you an "olla-podrida," containing some recent items of interest seasoned with personal views upon other subjects concerning which there is much difference of opinion among the profession. Seen by the light of present teachings, some of these opinions may be deemed heretical; they are certainly conservative, and perhaps it is well, amid the rush and excitement of our modern mode of life and thought, that there should be an occasional protest against the speed with which all earlier views are left far in the background, lest something of real value should be lost and forgotten.

Dr. John B. Hunter, at the close of an article published more than a year ago, said, "The triumphs of Gynæcology have been gained almost entirely in the field of Surgery." Accepting this dictum, we shall first direct our attention to some topics in Gynæcological Surgery.

Two years ago my predecessor, Dr. J. R. Chadwick, when more ably discharging the duty which now devolves upon me, referring to Emmet's operation (a name which seems preferable to the long Greek derivative), stated that, "it could hardly be said to have passed from the stage of novelty to that of criticism; that it was destined to be a fertile topic for several years to come, when it would be assigned to its proper sphere, and cease to excite discussion." This was truthful utterance. Our journals, native and foreign, have teemed with cases, papers and criticisms. Prolonged observation has shown that undue influence was attributed to the lesion, and experience has proved that the relief claimed to follow the operation has not been uniformly attained. A more definite understanding of the conditions really requiring it, and the limits to which it should be restricted, as well as a more just appreciation of its real merits, have thus been attained. As a consequence, medical opinion now indicates with tolerable clearness its permanent status and scope, even if all the conditions are not yet fully determined. Dr. Emmet's early statement, "In every instance where laceration is evident, and where enlargement of the uterus still remains, or where the woman suffers from neuralgia, I consider the operation necessary, notwithstanding the parts may have completely healed;" led to its performance in many cases where it was unnecessary, and in which it failed to relieve. A reaction followed the first enthusiastic reception and adoption of the measure, in this country, and sharp and sometimes unjust criticisms came from abroad.

As an illustration of the truth of the statement that reflex nervous disturbances do not depend upon this lesion, when accompanying it, and may be cured while it still exists, a brief abstract of a case reported by a noted New York gynæcologist, a few months since, will be presented. It occurred in a woman 39 years old, who had given birth to a child eighteen years before, and had suffered since that time from pain in the sacrum, right groin, and down the right thigh, with migraine, nausea, and vomiting at the time of menstruation, which function was unduly prolonged. She had been many years under the care of a gynæcologist without benefit. A large bilateral laceration of the cervix existed, with surfaces and angles dense and cicatricial; the movement of the uterus was slightly impeded, and, in the vaginal vault, on the right, closely connected with the upper angle of the rent, was felt a flat, hard, immovable disk, pressure upon which caused pain in the groin, and down the right sciatic nerve. Preparatory to the operation, she was treated locally by hot water irrigations, applications of iodine, etc., and afterward by the use of tampons, which produced so much disturbance that they were discontinued. Her physician then began the use of galvanism, experimentally, placing the negative pole against the induration in the vagina, and the positive over the right ovarian and the trochanteric regions alternately. A light current was at first employed, gradually increased in strength for fifteen to twenty minutes, the poles being occasionally reversed. The pain was much relieved by the first application, and the patient expressed herself as feeling easier than for weeks before. The sittings were continued every second day, and the time of use extended to one-half or three-quarters of an hour, the strength being gradually increased to sixteen cells; and during the week preceding menstruation a sound connected with the negative pole was introduced into the uterus for half the time. The succeeding menstruation was attended with scarcely any pain in groin or side, and with migraine only for the first day. The galvanization was continued every day during the next interval, and was followed by menstruation entirely free from pain or migraine. The ap-

plication was then made less often, and two more painless periods passed. The patient attended a ball and remained until 3 o'clock A.M., without any unpleasant results. "To all intents and purposes," says the narrator, "she was cured." The plastic exudation had disappeared, hastened, he thought, by the hot vaginal irrigations which had been continued. Of the influence of the galvanic current in producing this result he says nothing. For a month longer the doctor debated, "whether he should not leave well enough alone," but finally concluded to operate. He states that while he has often used the galvanic current to reduce a hyperplastic uterus, he had never employed it as a uterine application in reflex hemicrania. To the writer such a result is not new or surprising, as for many years he has found it efficient in the same conditions associated with uterine trouble, and a year ago treated and relieved similar symptoms supposed to depend upon cervical laceration.

While there appears to be satisfactory evidence that the great majority of cervical lacerations are attended by no symptoms which can properly be attributed to them; that some even of a severe character have been found by competent observers, which had existed through several pregnancies without producing any disturbance of health; that the operation will not, with certainty, remove uterine hyperplasia, or hypertrophy, and experience has proved it unreliable for the relief of presumaably dependent reflex nervous disturbances, and while it is still a mooted point whether it is warranted by the existence even of hereditary tendencies which make it possible that epithelioma may spring from the cicatricial tissue—there yet remain exceptional cases (not so frequent as Dr. Munde's estimate makes them, twenty-five per cent. of all) of stellate lacerations, where decided local symptoms are present, and deep bilateral rents with co-existing ectropion, hypertrophy of cervix, and consequent local symptoms, which are speedily and effectively cured by reunion of the lacerated cervix. In such, it is so marked an improvement upon cervix amputation, or the use of the actual, or potential cautery, that for the relief of these alone the gratitude of the profession is due to the deviser of the operation, to which in honor his name is justly given.

Another operation which has been tested for some years is that of Dr. Batty: Most of the indications which have been claimed to warrant it are now generally admitted. Some doubt still exists respecting its ultimate results when performed to check uterine hemorrhage produced by myomata. It has appeared to be successful in interstitial and subperitoneal fibroids, unless the latter are too large to prevent the operation; but its results appear more doubtful in the submucous variety, as the hemorrhage has sometimes returned after a check of a few months. Even with this doubt, it is indicated in much reduced patients, where enucleation could not be borne. Caution must also be observed where the tumors have been treated by ergot, as there is, at times, a central disorganization and sloughing, which may lead to blood poisoning after the operation. There is also some diversity of opinion concerning its efficacy for the relief of epilepsy, or hystero-epilepsy, and mania, seemingly dependent upon, or associated with, ovarian troubles. Dr. Goodell advocates the operation in such cases of insanity, and quotes Erquiral, to the effect that derangements of menstruation are causal in one-sixth of all cases due to physical causes.

Dr. Lawson Tait, of Birmingham, England, was one of the trio, who each, independently of the others, originated and performed this operation in the months of July and August, 1872. It was published, at that time, only by Dr. Batty, whose name it justly bears. Mr. Tait has since had a much wider field for experience than our modest, but inventive and skillful American surgeon, and quite recently has astonished the profession, abroad and at home, as much by the boldness and originality of his views, as by the remarkable success which he has attained. His deductions controvert some long establisded opinions, and whether these are accepted or not, his researches afford clues which, followed, promise to lead to a more accurate understanding of some hitherto obscure pelvic affections. His earlier operations were performed for the relief of hemorrhage from myomata, and he then removed only the ovaries, but afterward included the Fallopian tubes also, an addition which he deems of great importance. He published in July of last year remarks upon the diagnosis and treatment of chronic diseases of the ovaries, in which he advanced the opinion that abdominal operations in the hands of an expert are so little dangerous as to be justifiable for relief from long continued suffering; and that the earlier usage of deferring operative interference until life was immediately threatened, was an error. He states that all the evidence before him showed the phenomena of menstruation to depend upon the Fallopian tubes, and not in the least upon the ovaries; that the tubes are involved in all cases of ovarian disease, and in the large majority are the principal seat of the difficulty; that many cases of abnormal menstruation can be relieved in no other manner than by the removal of the tubes and ovaries, and that the proceeding is justifiable; that in his last series of thirty-five cases for chronic ovaritis and tubular disease alone, he had lost but one, and, the operation

being yet in its infancy, he believes this percentage of mortality can be materially lessened. He claims, also, that these recent operations for oöphoritis have done more to enlighten us upon the physiology and pathology of ovarian disease than all other previous sources of information; that they have also shown that many of the sufferings from pelvic symptoms which have been referred to the ovary are really dropsy, inflammation, and suppuration of the tubes, producing sterility, and a host of painful ailments which make life a burden. The diagnosis, he allows, is not always clear. Examination will often reveal to the practiced finger, in the vaginal cul de sac, a fixed tender mass composed of the enlarged and probably adherent ovary, and of the occluded and distended tube; and the peculiar sickening pain felt when this is touched will afford conclusive proof as to its nature. When this evidence cannot be attained, the presumptive diagnosis must rest upon the history of the case and the symptoms manifested.

Dr. T. A. Emmet, at a meeting of the New York Academy of Medicine, last December, stated that he had learned orally from Mr. Tait, that in cases of obscure pelvic inflammation, characterized by severe symptoms, and which did not yield to treatment within a reasonable length of time, he opens the abdomen and invariably finds this dropsical condition of the tubes, which are distended with either serum or pus. The removal affords immediate relief, and it is the only means which can. Dr. Emmet also added that the improvement which he had personally observed to follow Mr. Tait's operations had been something almost beyond conception.

In a paper read before the New York Academy of Medicine last December, Dr. T. G. Thomas said, in reference to the views of Mr. Tait, that while he did not feel warranted from his own observation and experience in accepting them fully, he thought there was sufficient of truth in the statements to make the essay the most valuable to the gynæcologist which the present decade had produced. He also mentioned another proposition of Mr. Tait, which was not included in the paper, but orally communicated to Dr. Emmet: That tubal dropsy and ovarian disease are often the real cause of recurrent peritonitis or cellulitis, which is produced by an occasional discharge of the purulent contents of the tubes. Dr. Thomas reported four cases in which he had operated, where great menstrual derangement existed, together with recurrent peritonitis and cellulitis, conditions which the operation showed to have been produced by the state of the tubes described by Mr. Tait. In three of these, the result was very satisfactory; the fourth patient was in an exceedingly reduced physical condition from recent attacks of peritonitis when the operation was performed, and died on the sixth day, from an insidious attack of the same disease which came on twenty-four hours after. More recently he operated upon a fifth case, the patient completely bedridden, and required no less than ten grains of morphine, sub-cutaneously, per day, to relieve the intolerable suffering. The ovaries and tubes were again found in the typical condition described by Mr. Tait. He also remarked that no one of the five patients upon whom he had operated but would have considered death a welcome relief from their sufferings.

It appears singular that this condition has not been before noted or suspected; but it is stated, that since the publication of these facts, a well known microscopist of New York has said, that in his examination he had frequently noticed distention of the Fallopian tubes. Mr. Savage, of Birmingham, also takes the ground that hydro and pyosalpinx are met with quite frequently, and states that the first effect of the inflammation is to close the uterine or fimbriated extremities of the tubes, allowing collection of the abormal secretion; thinks that the relatively large amounts of areolar tissue in the walls of the tubes, as compared with the uterine wall, accounts for the frequent presence of pus in the former. He says the diagnosis must often be presumptive, and based upon the physical signs and clinical history. The operation of removal is often difficult and tedious, from the firmness of adhesions, and the risk of the escape of the fluid contents in pyosalpinx. The results of such conditions, when left to themselves, may be: First, resolution or absorption, which is very improbable when pus is present, and which would not affect the results of former adhesions. Second, bursting into the uterus, or vagina, which may be curative, or into the peritoneum, which would be almost certainly fatal. The same physician later calls attention to the comparative frequency of recurrent attacks of pelvic inflammation cured by pyosalpinx, and thinks that many cases of supposed pelvic cellulitis, hitherto regarded as incurable, can be relieved by the removal of the tubes.

Dr. T. G. Thomas recently introduced a patient at the clinic of the College of Physicians and Surgeons, who was suffering from recurring pelvic peritonitis, and in whom he deemed these attacks due to the cause pointed out by Mr. Tait, as both ovaries and tubes were enlarged. The first attack of peritonitis had been light, the second more severe. He remarked that "although the tubal enlargements could be apparently made out with unusual clearness, still the diagnosis was not a positive one, and he did not think operation advisable, because the woman was not suffering to an extent warranting so radical a procedure." He added, "I

cannot impress upon you too strongly, that the dangers of this operation are very great, and the great fault I have to find with Mr. Tait is, that he makes too light of them altogether. I cannot believe that the high standard of success which he has so far maintained will be kept up in the future." This opinion corresponds with that expressed in an able paper read by Dr. G. J. Englemann before this Association in 1878, in which he faithfully depicts the difficulties and dangers of Batty's operation; but Mr. Tait does not always "make light" of these difficulties, for in a paper published in February of this year, he says, speaking of the hydro and pyosalpinx cysts: "Generally they are much smaller, holding only a few ounces, and then their removal, by reason of dense adhesions, constitute by far the more difficult classes of cases I ever have to deal with. Why the simplest of all, the removal of a parovarian cyst should be classed as an 'ovariotomy,' and held up for admiration, and these most difficult cases dubbed 'Oöphorectomies' and held up to scorn, I cannot imagine."

The deductions to be drawn from experience would seem to be, that sub-mucous fibroids, and even those which are intramural, should be removed per vaginam, if possible, and Dr. Thomas asserts that they can be, if the vulsellum can be fixed in them. They are, however, frequently multiple, and Dr. Goodell says that being obliged to repeat the oderation, has shaken his confidence in enucleation. At times, also, the patient is so much reduced as not to be able to bear this operation as well as oöphorectomy, because it is attended with greater loss of blood and is more prolonged. When enucleation cannot be effected, or for the reasons just named is not advisable, and the fibroids are not too large to permit, we should resort to thorough removal of the ovaries and tubes, with ligation of all the vessels of the broad ligament. When this cannot be completely effected, hysterectomy, with its present lessened rate of mortality, offers a cure, with reasonable expectation of success; and it certainly should be preferred in pedunculated tumor with a large base and in multiple fibroids.

Dr. R. P. Harris' paper upon the revival of symphysiotomy in Italy is worthy of notice, from the remarkable success which attended the operation. Between 1866, and December, 1880, fifty cases are reported, with eighty per cent. of maternal recovery and eighty-two per cent. of living children. Nine of the ten women who died were delivered of living children and eight of the nine mothers who bore dead children recovered. Of the children lost, five were shoulder and breech, and four vertex presentations. In only one instance did mother and child both die, and this was a case of back presentation operated upon on the fourth day of labor. There have been three additional cases since, in which all the mothers recovered, but two children were lost. All the operations were performed upon rachitic subjects, the deformity being generally anterio-posterior contraction. The separation at the pubis amounted to about two inches, which was obtained without any effort and without lesion of the sacro-iliac synchondrosis. An immovable dressing secured firm union of the parts in all who recovered? No after pelvic disease occurred, and the women were in good health. In one case, only, vesico-vaginal fistula followed, which was easily cured. The operations were performed principally by Professors Morisani and Novi, of the University of Naples. The section is made subcutaneously, with a probe pointed, sickle shaped bistoury; an incision being made above the pubis, the knife is slowly passed behind the symphysis until it reaches the pubic arch, when its cutting edge is brought to bear upon the ligaments, and they are divided from below upward; the pelvis is not forced open, the fœtus not dragged upon, but when the head presents the conclusion is generally left to nature. The incised part is treated antiseptically, and by irrigation in warm weather, and as soon as convenient the bones are kept in apposition by the immovable dressing. The usual time for complete pelvic restoration was from forty to fifty days. Dr. Harris remarks that "this more extensive test upon the living has proved that greater pelvic mobility exists than John Hunter demonstrated upon the cadaver;" each inch of pubic separation, though increasing but little the sacro-iliac, adds to the transverse and oblique diameters, and makes it possible, if time is allowed, for the head to mould itself sufficiently to pass; this result is shown by the statement that forty-two out of the forty-six vertex presentations were thus delivered alive, with a recovery of eighty per cent. of the mothers. Dr. Harris states the Porro operation in Italy saved 45.4 per cent. of the women, and 77.5 per cent. of the children; and I find elsewhere he has stated, that of the last 28 cases, from May, 1879, fifty per cent. of the women were saved. But the two can hardly be compared, as the sphere of symphysiotomy is confined to those cases having a conjugate of 2⅝ inches (67 millimeters) and upwards; cases not very uncommon, when the pelvis is somewhat too small to permit the birth of the child, and in which premature labor would save it, did opportunity offer. With a diameter less than 2⅝ inches, other means must be adopted. Dr. Montgomery, of Philadelphia, not long since published conclusions which he had drawn from an analytical study of this subject, which are here briefly stated. That craniotomy is never justifiable, since it is our duty to try to save both mother and child. That in a pelvis

of a conjugate of 3.25, or over, forceps can be employed, when 2.75 or upwards, version; 2⅝ or over, symphysiotomy, and in less than 2½, the Caesarian section performed reasonably offers better results for the mother. This should not, however, be the old operation, but the modification recently introduced I think by Sanger, in which an edge of the peritoneum, including a thin layer of the uterine muscular structure, is dissected back from the line of uterine incision to the extent of one-fifth of an inch at the upper and lower angles, widening to about one-third (1 centimeter) at the centre; the muscular tissue of the uterus thus denuded is cut away in a bevelled shape from outwards within, and the margin of the peritoneum folded inward over the cut edges, and retained by both deep and superficial sutures, so that the surfaces of the introverted peritoneum are brought into contact. This has been found more successful than the old method, and a case is recently recorded, which was operated upon by Dr. Leopold, in Germany, in which both mother and child were saved.

In a limited number of cases, when the os dilated, laparotomy may be preferable to uterine section. In all lesser degrees of distortion, when opportunity is afforded, or in subsequent pregnancies, premature delivery should be induced.

[CONTINUED IN NEXT ISSUE.]

THE ARSENITE OF BROMINE AND ITS USE IN THE TREATMENT OF DIABETES MELLITUS.

BY R. H. GILLIFORD, M.D., ALLEGHENY, PA.

[Read before a meeting of the Allegheny County Medical Society at Pittsburgh, Pa., May 15, 1883.]

In the early part of December, 1882, I began some experiments with bromine and arsenious acid, the results of which have in part been corroborated by experiments performed at my request by a practical chemist. As I can find no account in any works on chemistry of a compound or salt formed by the union of bromine and arsenious acid, I submit my results or views with diffidence, and will welcome either correction or confirmation. I find that bromine and arsenious acid will unite under certain favoring conditions, in the proportions of two hundred and forty parts by weight of bromine to ninety-nine parts by weight of arsenious acid. When they are perfectly united, or the arsenious acid completely dissolved by the bromine, they form an oily liquid, soluble in water and alcohol without any apparent reaction. They unite very slowly, and sometimes seem for many days as if no union was taking place, when merely agitated in contact with each other. When united without the addition of water, they form a salt which consists of three equivalents of bromine and one equivalent of arsenious acid, and would be represented by AsO_3, 3 Br.

When water is added before the bromine is united completely with the arsenious acid, or when bromine and arsenious acid are brought together in the presence of water, there takes place an immediate and rapid reaction, with the evolution of considerable heat. Evidently the water is decomposed, and hydrobromic and arsenic acids are formed, and the result is a solution of the two acids with a little free bromine in the excess of water.

The solution used in the appended cases was made by the complete union of the arsenious acid and bromine before the addition of water, and from observation I believe it to be much less irritating to the stomach than a solution of the hydrobromic and arsenic acids.

As I have seen no account of any compound of bromine and arsenious acid in any medical works or journals, I have concluded that I have been the first, in this country at least, to make and prescribe arsenite of bromine.

Dr. Theodore Clemens, of Frankfort, Germany, has been using some compound of bromine and arsenic in the treatment of diabetes, and has reported great benefit from its use.

The medical journals have called his remedy bromide of arsenic, but from the known properties of bromide of arsenic it seems much more probable that the article he uses is either arsenite of bromine, or a solution of the hydrobromic and arsenic acids.

I have made a solution of arsenite of bromine and used it in a number of cases, and furnished it to several physicians, who have prescribed it and reported to me its effects in the treatment of diabetes mellitus.

While the notes of some cases are incomplete in many important points, yet its use has been followed by the most marked benefit in every case of diabetes in which it has been prescribed so far.

Some of the cases seem to have made a complete recovery, others seem to be progressing steadily towards a complete recovery. Dr. C. Emmerling, of Penn avenue, Pittsburgh, has treated two cases of diabetes mellitus with my solution.

The first case, a male, aged thirty years, was benefited so much that in two weeks' treatment he had got rid of all the distressing symptoms of the disease; the specific gravity of the urine falling from 1036 to 1029, and the quantity of urine being decreased to less than one-half that passed at the beginning of the use of the remedy.

The patient being of dissipated habits disappeared from the doctor's observation.

Dr. Emmerling's other patient met with the same marked and immediate improvement following the use of the remedy. His age was 47 years, a

saloon-keeper by occupation, and a very large man, and a very heavy eater and drinker; the quantity of urine passed was enormous. Dr. Emmerling reports that he seems to be getting well. The specific gravity of the urine has been reduced from 1036 to 1028, and the quantity of urine passed has been reduced to four and one-half pints in twenty-four hours after one month's treatment.

Dr. A. D. Johnston, of Sedgwick street, Allegheny, furnishes the following notes of a case treated by him. Weston Hall, aged 19 years, labored in steel works; called March 17, 1883, for treatment, and stated as follows: About January 1, 1883, he was carrying one end of a steel axle, and the man at the other end allowed his end to fall: the jar or shock was so severe as to unfit him for work several days. Shortly after the accident he noticed an increase in the flow of his urine. The flow increased until March 20; he was passing three gallons of urine in twenty-four hours, of acid reaction and specific gravity 1035.

His thirst was constant. He cannot eat enough to satisfy the cravings of hunger, and is very much emaciated and very weak. Tests for grape-sugar in the urine show not less than twenty-five grains of sugar to the fluid ounce, estimated by the fermentation test.

March 22d. A solution of arsenite of bromine was procured from Dr. Gilliford, and two drops ordered to be taken four times daily.

March 25th. Improvement marked as regards the quantity of urine passed; thirst not nearly so excessive; feels better after eating; feels stronger; spasms of the calves of the legs disappearing; specific gravity of the urine 1030; can lie until nearly morning, whereas formerly he was compelled to rise at least three times during the night to void urine. Dose increased to four drops four times a day.

March 29th. The patient is able to lie all night without rising to urinate. The improvement in strength and general health very marked.

April 17th. The patient thinks himself well. His gain in flesh is very noticeable. Urine passed in twenty-four hours, eighty fluid ounces, specific gravity 1020, acid reaction. Fehling's test shows no sugar in the urine. The patient leaves for Clarion county in a few days to go to work, promising to write weekly and keep a record of the amount of urine passed.

Dr. J. B. Johnston, of No. 25 Pennsylvania avenue, Allegheny, furnishes the following notes:

On the 16th day of April, 1883, I was called to see a boy aged sixteen years and five months. I found him very much emaciated, but complaining of nothing in particular, only that his thirst was insatiable, and he was ravenously hungry, as he said. He said his fauces and throat were very dry and parched. I examined his tongue and found it red and fissured. From the symptoms, I concluded he had diabetes; he was passing from a gallon to a gallon and one half in twenty-four hours of limpid urine. I immediately made the tests for saccharine urine, and found it to contain sugar in a very decided quantity, Moore's, Tromer's and the yeast test all verifying each other. I put him on the usual treatment of cutting off the supplies, and fed him mostly upon meats, animal broths, vegetable soups, fresh fish, etc., including cabbage and turnips. The sp. gr. when I first saw him was 1038. I found it to vary in density from 1035 to 1040. I tried the different modes of treatment usually resorted to, but must say I found little or no improvement in the case. I found the best results in the first part of the treatment from tinct. ferri. mur., given in fifteen-drop doses half an hour after meals, in a wine-glassful of water. During the time he was taking the iron, the thirst was not so distressing nor was the appetite so voracious, but the urine was nearly if not quite as copious, and the specific gravity remained high.

During the time the iron was being given, there was passed on:

April 27th, 132 fluid ounces of urine; 28th, 130 fluid ounces; 29th, 129 fluid ounces; 30th, 127 fluid ounces; May 1st, 131 fluid ounces; 2nd, 129 fluid ounces; 3rd, 126 fluid ounces.

During this time the sp. gr. varied a little, from 1036 to 1038. On the 4th day of May I began giving four drops of solution of *arsenite of bromine* (my attention having been called to it by Dr. R. H. Gilliford), largely diluted with water, half an hour after each meal. On the 5th the qantity of urine to my surprise had fallen to 100½ fl. oz.—on the 6th to 100 fl. oz. with sp. gr. of 1034.

On the 7th I again examined the density of the urine, and found it 1032, with a still decreased quantity, 98 fl. oz.

May 8th I did not take the sp. gr. but found 94 ounces of urine. Patient is sleeping well at night, and says he does not need to get up so often to urinate.

May 9th. Specific gravity 1032, and 94 ounces of urine. Same as on 8th, but he confessed to indiscretions in his diet.

10th. Specific gravity 1031, with 92 ounces of urine. Thinking the dose of the arsenite might be safely increased, I began on the 9th to give five drops instead of four.

11th. Specific gravity 1030, with 89 oz.

12th. Specific gravity 1030, with 87 oz.

13th. I did not take sp. gr. nor quantity.

14th. Examined both quantity and quality of urine.

Specific gravity has fallen to 1029, and the quantity is 85 oz.

The symptoms of the patient are not by any means so urgent as in the beginning of the treatment. Thirst diminished, appetite less craving, diminishes quantity of urine from 132 oz. to 85, sp. gr. diminished from 1038 to 1029. There is one thing to be observed, that there has been a constant decrease in the quantity and sp. gr. of the urine, though it has not been regular; but when we see the remedy has been in use only since the 4th of May (ten days), we cannot but look upon the case with much hope. What the subsequent condition of the patient may be, cannot yet be known; but from the progress he made, and his present condition, I look upon his case as very flattering.

The following additional notes are furnished June 10th by Dr. J. Johnston, of 25 Pennsylvania avenue, of his case of diabetes mellitus, recently reported:

"May 16th. I examined to-day the sp. gr. of the urine of patient with diabetes, and note a reduction to 1028, and of the amount of urine passed to 83 fl. ounces.

May 20th. Sp. gr. 1027 and 80 fl. ounces of urine. The urine still contains an appreciable quantity of sugar. Increased the dose to seven drops, four times a day in water, as before. The amount of urine and sp. gr. were not measured again until May 25th, when I found the sp. gr. 1025, and the amount of urine 75 fl. ounces.

May 30th. Made another examination, and find the amount of urine 68 fl. ounces, and the sp. gr. 1023, with no trace of sugar.

I have watched this case with much interest, having very little faith in any remedy which I had formerly tried. I was unprepared to witness such a decided improvement in a case which I had looked upon as very unpromising if not entirely hopeless. I made the last tests in this case June 8th, and found the urine nearly normal as to quantity, 68 fl. ounces, sp. gr. 1023, with no trace of sugar.

Since beginning the use of Dr. Gilliford's solution five weeks ago, the patient has gained 8½ pounds in weight, the amount of urine has been reduced from 126 fl. ounces to 68 fl. ounces, in twenty-four hours and sp. gr. of urine from 1038 to 1023. The patient eats and sleeps well and naturally, never finding it necessary to rise to urinate during the night as formerly, and, in fact, has got rid of all symptoms of the disease. I give these notes for what they are worth. I hope to hear the experience of many of my medical brethren, and that their observations of the effects of this remedy may verify mine. It would certainly mark a new era in medicine if a remedy has been discovered to successfully combat such a formidable foe as diabetes mellitus.

I would state that Weston Hall, the young man treated by Dr. A. D. Johnston, of Sedgwick street Allegheny, whose case was reported to April 17th, 1883, remains well and strong to this date, June 17th. From 12 M. June 16th, to 12 M. June 17th, he passed but 31½ fl. ounces of urine; sp. gr. of 1022, and with no trace of sugar.

He has made several trips on foot and by rai since his recovery, and states that on May 10th he walked from Allegheny to Worthington, Armstrong County, Pa., a distance of forty miles in one day. He has not taken the solution regularly since about May 1st, and since about that time has not confined himself to diabetic diet, and indeed never confined himself strictly to diabetic diet. He is working steadily at heavy labor in the steel works in Allegheny, at the present time. It was certainly very imprudent and unwise for him to discontinue taking the solution regularly and resume ordinary diet. But he considered himself well and thought such strict precautions unnecessary.

I should think it much safer for the solution to be continued at least three and the general observance of the diabetic diet six months, after an apparently complete recovery. And it would certainly be of interest to have a test made each week of the sp. gr., quantity of urine in twenty-four hours, weight of the patient, and saccharine or non-saccharine character of the urine for one year after apparent recovery.

I have the records of a number of other cases treated with this solution in which the results have been similar to these two.

I wish to request those who keep records of cases treated with this solution, for publication, to send them direct to the medical journal of their choice, instead of to me. Such reports kept accurately will surely be of very great interest to the profession. The exact therapeutic effects of this solution can only be known by the publishing of records of its effects, whether the results attained are satisfactory or not; and the sooner we know whether or not the recoveries which follow its use can be maintained and are permanent, the better for the whole profession. The theory of its action is of less importance and can be investigated at leisure. I shall be glad to furnish any physician with a quantity of this solution sufficient for a thorough trial, and I would advise that the adult dose be not less than five or six minims, four times a day in water, to be gradually increased to the largest dose well borne without arsenical symptoms.

A TRIO OF TRIPLETS.

BY DR. HENRY OGDEN.

[Read before the Chicago Medical Society.]

The occurrence of triplets being rare, and three cases occurring in this city recently within the space of seven weeks, I concluded it might be interesting to the medical profession to know something more in detail in regard to these cases. By request of the editors of the Journal and Examiner I have gathered up such facts as were attainable relating to them. I first condense from Dr. Spiegelberg a few general points in relation to membranes, ova, etc., in multiple births. After which I shall present the cases of triplets occurring here.

As high a number as five children at a birth have been known to occur, a preparation of which was seen by Dr. Spiegelberg. I have not been able to find any authoritative record of a higher number. Some of the old French and German authors spoke of some remarkable cases, but I believe none of them claim they actually saw these cases, but say, "it was thus written." The frequency of multiple births varies with the year and country. Twins are said to occur once in eighty times, while triplets occur only once in 6,000 or 7,000 times, the number varying a little with different authors. Generally twins are of different sex, next in frequency are two boys and least in frequency are two girls. There are either two corpora lutea or one double one. Sometimes two come from one ovary and sometimes one from each ovary. This has been known only where post-mortems were had. The decidua is single, except in cases of double uteri. The membranes may be double or single, as also the placenta. If the chorion is double there has been more than one egg. Two separate placentæ may have grown together. If the ova are far apart a decidua may separate them. The placental circulations are separate if there are two chorions, or at least the anastomosis is very limited. If there is one chorion the fruit has come from one ovum. If there are three vessicles in one ovum and three placentæ, the latter are not tied together, and there is no trace of a septum between them. This was the condition in Dr. Bartlett's case. In cases where there is only one ovum or egg, a large anastamosis is necessary between the fœtal blood vessels, even between a vein and an artery. Twins in a common egg are uniformly of the same sex, that is, are alike, while children from different eggs have such general resemblance only as offspring from the same parents commonly present. In twins one single chorion occurs one time in eight, while the amnion is single only once in 132 times. In triplets and in other multiple cases the same rules hold as to the placentæ and membranes, except, however, there are some complicated relations. Commonly in triplets there exists a single cvum alongside of a double one; yet there has been observed in triplets one chorion only, as also in cases of quadruplets. The relative frequency of a common amnion seems to increase with the number of children at a birth. Generally in size and weight twins are below the average; but in twins at full term the aggregate weight is greater than in case of one child. More commonly than in single labor is the fœtus discharged at the 39th to the 40th week on account of the tension of the uterus, the mother's organs not being large enough for more than one generally; besides, the tension in the uterus may be supposed to mechanically interfere with their development. Sometimes they are not developed alike, one small, one large. The latter may be supposed to have had better surroundings in the way of location for getting a blood supply from the uterus. This is often observed in double uteri cases. The size of the placenta, the length and thickness of the cord, corresponds to the size of the child. The largest child is not always born first, as in Dr. Bartlett's case of triplets; the medium sized one first, the smallest next, and the largest child was born last. But in the other two cases now reported the largest was first, the medium sized one next, and the smallest last.

Case 1. By Midwife, Mrs. M. Loudt.—The first case of triplets we note here occurred at 96 Fullerton avenue. Parents are German; were married in Germany and one child born there; moved to this city eleven years ago. The father is 40 years of age, of medium height, but good weight. The mother is 32 years of age; good size and weight; very fair complexion, and light blue eyes. She has given birth to nine children—three boys and six girls, including the triplets. At 3 o'clock Sunday morning, February 11, '83, the mother was awakened by some slight labor pains, but they were not very severe until after 6 o'clock, when the midwife was sent for. At about half-past 6 o'clock her pains began to increase, so that she was compelled to take to the bed. The midwife did not arrive until 7:20 a. m., and at 7:30 the first baby was born. At 7:45 the second child came, and at 8 o'clock the third baby was born; there being only fifteen minutes between the births of the first and second and second and third, all girls, and living. At 8:10, or ten minutes after the last child was born, the placenta came away, being very large and apparently in one common mass, showing the three separate cells very distinctly, and the cords varying in length and size, according to the size of the babies. The first was a vertex presentation, while the last two were foot presentations. In this instance the larg-

est child was born first, the medium sized one next, and the smallest one last. The weights were 6½ pounds for the first, 5½ pounds for the second, and 4½ pounds for the third, a total of 16½ pounds. The babies are in good health, although the youngest has been slightly ill at times. The mother nurses them, but as the amount of her milk is inadequate to the demands, the bottle is used to make up the supply. There was a great amount of hemorrhage, and the patient was in bed for about seven weeks, when she was able to be about the house. She now complains of pains in joints, more in the right knee and foot. During term of pregnancy her legs became swelled at times so that she was unable to stand on her feet for a part of a day at a time. All of her previous labors were very much longer and more tedious than at this time. Mother and children were doing well at last accounts.

Case 2. Of Dr. H. Van Buren, 15 North Way street. At a little after midnight on the morning of March 30, 1883, he was called to the house to find his patient in labor pains, but not at all severe. She lingered along with some inertia of the uterus till 5:30 A. M., when she gave birth to the first boy. This was a breech presentation. At 6 o'clock the second boy was taken with the forceps, as there seemed to be a detachment of the placenta, cutting off the blood supply to the child. This was a vertex presentation. At 7 o'clock A. M. the third boy was stillborn, and by appearance had been dead for several hours. This was a foot presentation. These children were born within one hour and a half. In about twenty minutes the placenta came away. It had separate and distinct cells and cords. The cords were shorter than in single cases. The first child weighed 5½ lbs., the second 5 lbs. and the third 4½ lbs., making an aggregate of 15 lbs. The placenta was little longer than in average single births. There was only the usual amount of hemorrhage; and the labor on the whole was not more severe, or the pain to exceed the average case of an easy single birth. Patient has given birth to one child before, and she was now at full term. Patient's mother had twins. Parents are Americans. The father of these children is 35 years of age, tall and fleshy, and weighing about 200 lbs. The mother is 26 years of age. She is about medium size and weight. She was very well all through the the term, and is getting on well now, and nurses the two surviving boys.

Case 3. Of Dr. John Bartlett, of No. 450 North Clark street. Parents are Swedish. The father, 28 years of age, is tall and of good size. The mother, 21 years of age, weighs 135 lbs., is blonde, of good stature and form; was delivered of her first child by a midwife January 26, '81, 26 months prior to the birth of triplets. Some weeks afterward Dr. Bartlett was called because of her slow getting up, found cellulitis existing, and also a want of normal involution. These conditions yielded readily to the usual means, and on March 3, 1882, he was called up to attend to her in childbirth. The head was presenting favorably, but the labor was tedious from uterine inertia, so that it finally became necessary to deliver with the forceps. Her reeovery was satisfactory. On March 27, 1883, Dr. B. was again called to her, and she was again in labor, and, as she thought, several weeks before her time. Two weeks previously she had greatly fatigued herself in walking, and a few hours afterwards she was seized with violent neuralgic pains in the uterus, so that a miscarriage was feared. The patient called attention to her unusual size, and expressed jocosely a conviction that she would have twins. The uterus was very large; no indications of a pleural pregnancy were detected upon palpation. The labor progressed normally, the pains being stronger and more efficient, and the os dilating more rapidly than in former labor. At 6 o'clock A. M. a child below the normal in size was born, the presentation being cephalic. Struck by the relative smallness of the child and the yet large size of the uterus, apparent at a glance, the cord was tied as promptly as was proper, and attention given to the mother. Pains were recurring, and an additional sac of membranes was gathering in the os. Through these it could be determined that neither extremity of the fœtal ovoid was presenting, and accordingly he ruptured the membranes at once and sought to discover the position of the child. The right side of the abdomen presenting, the feet were at once sought, and the child turned and promptly delivered. The second child was considerably smaller than the first. This being removed, the womb was noted to be larger than after complete delivery, and a third sac was found descending into the os. Discovering here likewise through the membrane that a cross birth existed, he ruptured the membrane, and found a third child presenting with right humerus to thorax towards the os. The child was promptly turned. It descended readily till the head engaged in the brim, gentle traction having been made upon it. Finding both arms extending alongside of the head, the ordinary rules were disregarded and the head pulled through with the arms, as mentioned. This traction was such as to approach force, but not violence. The first and second child breathed promptly; this last was slow to respire, so that the ordinary restorative measures, including artificial respiration, were used; but, in a few minutes, breathing was established and the child removed. Notwithstanding the rather speedy

emptying of the uterus, there being only five minutes intervals between the birth of the children, the womb responded quickly and well to the manipulation of the hand through the abdominal walls and promptly contracted on the placenta. It was noticed that it was in this stage unusually large; gentle pressure and friction were maintained for some time; there was no hemorrhage, nor could the placenta be felt by the finger *per vaginam*. After the lapse of fifteen minutes a gush of blood occurred, apparently about seven or eight ounces. No sooner had this been removed than a second gush followed as copious and sudden as the first; it was evident that the placenta was partly detached, and a violent post-partum hemorrhage was probable if energetic measures were not at once adopted. The hand was passed into the uterus and insinuated between the membranes and its walls. The edge of the very large placenta was reached at a point not separated from the uterus. Detachment was here begun and carefully continued over the whole attached surface, contraction ensued, and no more than ordinary hemorrhage followed. The placenta was single, weighing two lbs. 6 ounces and measuring 9¼ by 9½ inches across. The largest cord measured 18½ inches in length, the medium 17 inches, the smallest 14½ inches. The amnions were separate and the cells proportionate in size to the cords and weights of the children, which were as follows: 6 lbs. 1 oz. for the first; 4 lbs. 1 oz. for the second; and 6 lbs. 9 ozs. for the last born, aggregating 16 lbs. 10 ozs. The patient did perfectly well till the tenth day, when over-exertion in the care of the children brought on a threatening of cellulitis, which, however, was apparently aborted within a few days; but from exposure and imprudence in exercise a decided attack of cellulitis occurred on the 24th day, which confined her to the bed for three weeks. The inflammatory exudation, as large as a child's head, was confined to the part of the true and false pelvis on a level with and to the left of and behind the uterus. Recovery was finally complete. In connection with this attack of cellulitis it is well to print some additional facts. It will be noticed that on the delivery of the third child Dr. B. followed the precepts of Deventer and withdrew the head with the arms extended alongside of it. In so doing he was careful to place the diameter of the child presented by the head, plus the thickness of the arms, in a large diameter of the superior strait, the left oblique. It has been stated that in the extracting of this head a degree of traction was used more than is commonly found necessary in delivering the after coming head in multiparæ. It was noted that more than usual pain was complained of under these manipulations. Possibly the cellulitis which followed may have been in part due to bruising of her tissues by the passage of the enlarged diameter presented by the head and extended arms. As there are those who may question the practice of leaving the arms extended in this case, it may be well here to state that it was not with the object of experiment that Deventer's plan was adopted in this instance, but in part from the urgency of the case. The arms were above the head at the superior strait, pulsation had ceased in the cord, promptness of delivery was demanded, and in this extremity Dr. B. recalled and relied upon the precepts of Deventer. As all present may not be familiar with the instruction of the old authority referred to, it may be well to state them in brief. In this first edition, 1724, he says: "Whereas, all the authors that I know teach to the contrary, I positively advise that in (delivery by turning) the arms be left (extended) about the head to be excluded along with it. In my practice everything has succeeded very well by this method, not so much as one head having stuck in the mouth of the womb."

If the head presses with difficulty, which seldom happens, you may draw down one hand or the other, but both hands are never to be drawn down; that would do more mischief than good.

In turning in the early stage of labor neither the mother nor the child are exposed to the danger of death.

The whole matter (success in turning) depends upon two things:

First—The proper introduction of the hand.

Second—The greatest care should be taken that the head and arms pass together. These citations from Deventer formed the basis of remarks made by Dr. Bartlett before the Gynecological Society in December last, in a paper entitled "A Lesson from Deventer."

In the case before us the diameter formed by the the head and arms of the child pressed against the temples measured 4¼ inches, exactly the same as the transverse diameter of the inferior strait—a relation demanding even in this undersized child a compression of soft parts.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

REPORTED BY DR. J. HENDERSON.

Regular Meeting, June 18, 1883.

Dr. Henry Ogden read a paper entitled, A Trio of Triplets (which appears in another place). Discussion of the subject took place as follows:

Dr. Van Buren stated that he attended one of the cases that had been reported. It was the first

and probably would be his last. "I have attended one hundred single births to one case of twins. I had attended somewhere in the neighborhood of three hundred cases when this case occurred. I have nothing especial to offer on it further than to say that it was simple. The labor was as simple as the average of simple cases. I was called to her about three or four o'clock in the morning, went in and found a lady in labor I had never seen before. My wife, who had seen the lady, told me that she was somewhat remarkable in her size. I did not notice that; that was especially true when I saw her in the lying-in position. She went on with ordinary labor pains—dilatation of the os was easy, and no need of forceps and no especial rigidity about it. She got through her labor very nicely. I will say this: I think I have noticed a peculiar formation of the uterus in these triplet cases, or its want of contraction. There seem to be some differences in these from ordinary cases of delivery. If I may use a comparison, you place two or three pigs in a bag and attempt to exclude them all at a time there will be contortions that would not occur when one only was in the bag. There is not that direct force used as in single cases. I saw the lady and noticed that peculiar shape of the abdomen in triplets, but still I did not know that I suspected that there was more than one child to be born. This child was born in breech presentation. Perhaps in a few hours there was another born. There was a cessation of pains perhaps for ten minutes; after which she went on with her labor pains for about twenty minutes, and the head presented itself down in the pelvis. It was a little tardy there. I did not hurry it. My experience has been, in my practice, that when the head remains long there, we are apt to have a still-born child. The two first breathed very readily. The cords were tied in the usual way. They were shorter than ordinary. The last one was a foot. I rather suspected the third child was not alive. There is to me a kind of peculiar condition manifest when you feel the limbs and body of a child that is dead that we do not feel in a living child. I think I have noticed this fact by condition of the skin—perhaps not the stiffness and firmness we find in a living child. As I suspected, this child was still-born; probably it had been dead for some time; I did not know how long. Contractions were not very severe. I do not think the whole amount of pain she had amounted to more than the average amount of labor pains. She had perhaps thirty or forty labor pains. Mother got well in short time, and had nothing unusual in recovery."

Dr. Odgen.—If anyone has experience in this matter I would like to have him state it.

Dr. H. D. Valin.—I wish that some additional facts had been ascertained in these cases; as to sex, whether they were all of the same age, etc., because there are different ages in different cases. I think it would be well to consider the character of the parents. It would be well to ascertain whether heredity has any effect in these cases, and whether the mother of these children was a twin, triplet, etc.

Dr. Ogden.—These facts were stated as fully as necessary, perhaps, for scientific purposes.

Dr. Earle.—I have seen Dr. Van Buren's case. I was engaged to take charge of it. I examined her two or three times before her confinement. I noted particularly the greatly enlarged abdomen; as much so perhaps as I have ever seen. I examined the placenta rather carefully; it was a single placenta and had three cords. I have reported the triplets, and if in order I can give you one more case. Dr. White, a graduate of Rush last year, now connected with the Women's Medical College, says that he was called to see a case in the vicinity of Halsted and 16th streets. Was delivered without much difficulty—the first being a head presentation, the others breech presentations. They weighed ten and a half pounds in the aggregate. All of them died from inanition in about three weeks. In about five hundred and fifty cases of labor, I have had four cases of twins. I do not remember the nationality. I find, in looking over the works, it is expected that twin pregnancy will take place in every fifty cases. In London, they have twins once in sixty-five cases; in Naples, I believe once in one hundred and twenty-five cases. That seems to be the proportion here. Once in a hundred and twenty-five or fifty is about the proportion in my practice. I do not think multiple pregnancy looks at all like it from gestation to birth. It seems to be absolutely impossible to give any reason why, but it appears to me it is not very difficult to explain why multiple pregnancy will take place.

Dr. H. D. Valin.—Speaking of heredity in the production of multiple births: I know a gentleman whose first wife had four pair of twins successively in the course of three years and a half. I know another family living near Plymouth in this state who had two double births. It seems that there is some tendency some way in a family to multiple births that would not be purely accidental.

Dr. Etheridge.—In consideration of the last speaker's idea, I know a case in the country where a woman gave birth to sixteen children in six pregnancies.

Dr. E. Ingalls then read the report of a special committee appointed to discuss the relations and reports of the State Board of Health, as follows:

To the Chicago Medical Society:

Your committee appointed to confer with the Illinois State Board of Health, relating to matters contained in the proceedings of the quarterly meeting of said Board, held in Chicago, April 12, 1883, ask leave to submit the following report: We desire to acknowledge the courtesy of the Board in furnishing us from its official correspondence all the information we desired relating to the subjects under consideration. The following from secretary Rauch's report to the Board could not escape the attention of the profession, and seems to call for some action on its part: "Proofs are on file that students are graduated without having studied the required length of time, or without having studied under a preceptor; who have attended only one course of lectures; who have attended two courses in one year without the necessary reading period intervening; who were not twenty-one years of age at the time of graduation, and who, in general, are not at all competent to practice medicine.

"While preparing this portion of my report the following case in point presents itself: An official proceeding requires that Dr.———, a graduate of one of the most popular and widely known colleges in the country, detail his acquirements in pharmacy. He is asked what experience he has had in compounding medicines, and replies that he has had none. 'Did you not put up prescriptions under your preceptor while a student?' Ans. 'No, sir; I didn't have any preceptor.'

" 'Why I supposed that medical colleges required that their gradnates should have read or studied medicine under a preceptor for three years. How did you get through? How did you graduate?' Ans. 'Well, I attended two courses of lectures, paid the fee and got my diploma.' "

An examination of the files in the secretary's office resulted in finding the following communication from Dr.——, received May 20, 1882.

——— ———Ills.

To the secretary State boar of health Deear Sir I sent you my dipluma early last March and have not heard from it sinc did you receive it or do you know anything about it I am becoming quite anxious concerning its safety My dipluma is from ——— Medical College ——— dated ——— 1882 I also sent you a letter containing a one dollar bill to pay for the certifficate If you will give me the information I requist I shall be greatly obliged to you

Yours Very Respectfully

——————— M. D.

In the annual announcement of the college which issued this diploma, among the regular requirements for graduation one is stated to be "such primary education as is clearly requisite for a proper standing with the public and the profession;" and another, that "he must have pursued the study of medicine three years." That the former requirement was ignored is obvious from the letter quoted; and it is probably doing no one injustice to accept Dr. ——— statements that he "attended two courses of lectures, paid the fees and got a diploma," as a full summary of his medical education, so far as the college was concerned.

As a result of my own official experience during the past six years, I think it entirely within bounds to say that a strict adherence to their advertised requirements is the exception among colleges rather than the rule. In fully three-fourths of those which have come under my observation there have been irregularities of more or less gravity.

The charges that "students are graduated without having studied the required length of time, or without having studied under a preceptor; who have attended only one course of lectures; who have attended two courses in one year without the necessary reading period intervening; who were not twenty-one years of age at the time of graduation, and who in general are not at all competent to practice medicine," are based on correspondence on file in the office of the Board, and on other evidence that has come to its knowledge. On first reading Dr. Rauch's report, we suspected that the Board had been imposed upon in the matter of the letter above quoted, and that it was spurious; for we did not believe that after the subject of a higher medical education had been as thoroughly discussed as it has been for a number of years, and the judgment of the profession in its favor was so pronounced and well understood, that any recognized, popular and wide known college would, only one year since, confer the degree of doctor of medicine on a person who would write this shameful letter. The history of this transaction is as follows: This graduate forwarded to the Board of Health his diploma, and with it his affidavit that he was the person on whom the degree was conferred. The diploma and affidavit would entitle him, under the rules of the Board, to receive without question his license to practice in Illinois. To his communication he neglected to append his address, and consequently he received no reply, and this circumstance in due time called out the above letter. Now the signature to this letter and that subscribed to the affidavit we know, from personal inspection to be both the same hand. According to our statutes and ethics this graduate is entitled to every right and privilege that is accorded to the most accomplished practitioner in the state, and only the accident of the omitted address brought

the transaction to public notice. The following form, rendered in our own vernacular tongue, embraces the substance of the diploma, issued by all of our medical schools: "Whereas it is an established usage to confer academical degrees on those whose character and knowledge entitle them to respect and confidence; Know ye, that ——— having complied with the requirements of our college, and given ample evidence of his learning and skill, we have by authority of the State of ——— conferred upon him the degree of doctor of medicine, together with all the rights and privileges thereunto belonging. In testimony whereof, we have granted this diploma, signed with our hands and sealed with the seal of our college."

It is a sad reflection, that a man who has misspelled above ten per cent of the words of this simple letter above quoted holds a diploma, signed by the faculty and officers of a recognized medical college, as proof that "he has complied with its requirements and given ample evidence of his learning and skill." We have the authority of a member of your State Board of Health for saying, that there are on file in the office not less than two hundred instances of graduates in medicine who hold the ubiquitous evidence of learning, who cannot spell diploma. We have been furnished from this source with seven different and incorrect ways of spelling this word of seven letters. They are as follows: diploma—diplomy—diplomer—diplomah—diplemy—diapluma—dipluma. It seems a marvel that these ingenious orthographers have all agreed to commence the word with d. The sad comedy of this subject is worthy of the pencil of a Hogarth. Fancy the alma maters of these two hundred ignorant persons, solemnly conferring on each of them the degree of doctor of medicine, in consideration of his having complied with the requirements of our college and given ample evidence of his learning and skill! But when we think of such a person at the bed-side of the sick, clothed in professional authority, the scene suggests a delineator of tragedy rather than comedy. We have no direct means of testing the medical attainments of these two hundred graduates, but every one knows that it is impossible for such uninstructed minds to acquire in any degree the knowledge essential to a decent discharge of the duties of a practitioner of medicine. All will admit that the practice of conferring degrees on such illiterate persons by our institutions of learning should be stopped, but it is not quite clear what methods are best for accomplishing this result. The efforts of the State Board "to secure one common examining board on preliminary education for the six medical colleges of Chicago" are to be commended. The secretary of he Board has communicated with all the medical colleges of this city on the subject, and a number of them have given the proposition their approval, and expressed a willingness to co-operate in carrying the purpose into effect. The rule now adopted by our State Board, of not recognizing any college as in good standing that does not require of the student evidence of the possession of a fair degree of primary education before he is permitted to matriculate, if honestly complied with by the colleges, would keep all these persons who cannot spell diploma out of the profession; but to cover all contingencies, it would be safer, for the sick, to allow none but graduates who had passed a satisfactory examination before a board constituted for the purpose, which board should be independent of the schools that confer the degree of doctor of medicine. Our Board of Health should freely exercise the right it has to refuse to recognize diplomas of schools of doubtful character and to revoke the certificates of all practitioners who clearly convict themselves of being unworthy to retain them. Our State Board of Health commends itself to the confidence of the public by the extent of the acquirements which it exacts of non-graduates who apply to it for a license to practice, as shown by the printed list of questions submitted for answer to the applicants who presented themselves for examination at its last meeting. The standard required was not too high, but if it is maintained it will drive applicants to the colleges for a degree, as an easier way of entering the profession than to go before the State Board for an examination. No license to practice was issued to non-graduates at this meeting, as none of the eighteen applicants could correctly answer eighty per cent of the questions given. The public, more than the profession, are interested in a proper solution of these question.

E. Ingalls } Committee.
R. G. Bogue }

DISCUSSION.

Dr. Ingalls—Mr. President and members of the society:—When the transactions of the Board of Health at its last meeting were published, I brought them espceially before this society. I did that for the reason that I thought usually these transactions were not very much read; and I thought the transactions at this meeting were such that they should attract the attention, and with a view of bringing them a little more before the profession here, I made a few remarks upon those publications as a result of this meeting.

Dr. Earle.—I don't care to say very much, Mr. Chairman. While I am in favor of everything Dr. Ingalls has said in his report, on higher medical education, etc., I don't quite agree with the doctor in several points. I do agree with him that solu-

tion rests entirely with the State Board of Health. I have stated that it is a fact that the schools every year have occasion to refuse applicants for graduation who have been licensed by the Board of Health. Then again there are a great many practitioners who don't spell every word correctly. I don't think it would be well to go back to the spelling of some of the most eminent men in this city. The medical colleges must educate men that are fitted for different places of practice. We cannot expect that every man that graduates will settle down under the eaves of a medical college and come in contact with the medical men of the college. We must educate men who will go out on the frontier, where they make only four or five hundred dollars a year. If we must exclude all these men, frontiers will be left without their physicians. These men can't afford to spend several years in a literary school, several years in medical college, to go out upon the frontier. We lose sight of the fact that men must be educated for different positions in the world and for different positions in the profession. Some of the best men who go out into practice barely make a living, while some others who don't spell as well have done much better. The question of education should certainly enter as one of the requirements for admission; it should not be the only consideration.

Dr. J. A. Robinson.—I wish to mention one circumstance. One afternoon, at the recent meeting of the State Medical Society, there were three papers read, all taking the stand that medical education should be of a higher order. While complimenting the State Board of Health for the work it had done, still it had not done enough. A gentleman from Chicago arose and said he coincided in the main with all that had been said, and that he was in favor of higher education, and that he was in favor of commencing with the practitioner's office. He commenced in this way by saying that a majority of students began with a preceptor. It is the duty of every practitioner, he said, to advise those making application for positions as students to have proper primary education, or to seek their life's work in some other field. One of the duties of this society should be to create among the practitioners at large a disposition to advise young men against entering the medical colleges without first having proper preliminary education. In regard to incorrect spelling, it may be that these gentlemen who spell diploma in so many different ways are converts to the recent system of spelling.

Dr. Etheridge.—I have been amused at the comments made by different physicians on Dr. Rauch's report. Seems to me that this bad spelling is simply carelessness. I am inclined to attribute it altogether to lack of care in writing. I don't consider these mistakes good evidence of lack of proper preliminary qualifications. I wish to defend the policy of Rush Medical College. Dr. Rauch is either laboring under an error, or he didn't state the truth in his report. It is impossible for a student to go over the list of medicines, 998, in one session, and no student can answer the questions that could be asked on them. The subject of therapeutics is limited to sixty or eighty remedies, and students examined upon them, and I will guarantee that I can tie up the man who examines in the State Board of Health in fifteen minutes in such a way that he can not wriggle. If this State Board of Health confines its examinations to the sixty or eighty medicines lectured on in college, all so well and good. Again, for instance, take the subject of gynecology. While the questions of the gentlemen who examine in that branch are pretty fair on the whole, it is possible for Dr. Ludlaw, the examiner in this department, to completely tie up any man so that he can not answer any question at all. This is one of the difficulties this board will have to contend with; and it may be that there are others just as important and vital as the one I have been attempting to explain. I think it ludicrous for a man who has got into the profession on minimum attainments as soon as he gets there to begin to lecture us on advancement in medical education.

Dr. Van Buren.—It may be a good thing to have examining boards, but it makes a great deal of difference as to whose name goes on the diploma. I think a great deal more of my diploma than of a license issued by a State Board of Health. Mixed examining boards—part homœpaths, part eclectics—if this report contemplates a board made up of promiscuous men outside of our own ranks I don't want that kind of a board. I was in favor of doing away with distinctions. Until gentlemen are ready to come upon this platform, they had better let medical colleges alone, particularly Rush Medical College.

Dr. Ingalls.—In relation to the amount of preliminary education for medical students, I would probably be less exacting than many of you are. I should not demand that medical students should have college education; I think they should, but hardly think a college education would make them better practitioners. They should, however, have a higher education. I should exclude all those from the colleges who are liable to bring the profession into disgrace. I don't consider a person capable of receiving proper medical education without proper preliminary education. I don't attach as much importance to spelling as some do, but I think those people on the frontier are entitled to as good physicians as wealthy residents of cities.

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TWO LEGAL DECISIONS of interest to medical men have been brought to our notice by Hon. Marshall D. Ewell, of Chicago. The first is by the Supreme Court of Minnesota (Le Mere vs. McHale). It is provided in the statutes that any judge, in that State, "before whom any witness is summoned or sworn and examined as an expert in any profession or calling, may in his discretion allow such fees or compensation as in his judgment may be just and reasonable." In this case, which was an appeal from an order of a district court, Judge Mitchell held that the matter of making such allowance being left to the discretion of the trial judge, he would not reverse an order refusing such allowance unless there had been a palpably gross abuse of such discretion. He further held that this particular statute was designed to apply to cases where witnesses are called to testify to an opinion founded on special study or experience in any profession or calling, or to make scientific or professional examination of some matter connected with the issues in the case, and then state the results, and not to cases where a witness is called on to testify as to facts connected with a case which have come to his personal knowledge while engaged in the ordinary practice of his profession, although his personal or professional skill may have enabled him to observe such facts more intelligently. In this case the witnesses had attended the plaintiff as physicians. The fact that after testifying to the facts of the case they were called on to give their professional opinions as to possible effects, etc., might possibly bring them technically within the letter of the statute, but certainly not within its spirit, and furnished them no sufficient reason for extra compensation. The second case is one of appeal from a county court to the Supreme Court of Nebraska (O'Hara vs. Wells). A man who had broken his forearm and had been properly treated, subsequently fell and injured it a second time. He sued his medical attendants, lost his suit, and appealed to the Supreme Court. Judge Lake affirmed the rulings and verdict of the lower court and laid down the following statements: 1. If hypothetical questions are resorted to in the examination of expert witnesses, they must be so framed as to fairly reflect facts either admitted or proved by other witnesses. 2. Although a non-expert witness is incompetent to give his opinion as to the existence of a dislocation of a limb, he may describe its appearance, as he saw it, to the jury. 3. Where no special agreement is made with a physician or surgeon respecting his services, the law implies an undertaking on his part simply that he will exercise a reasonable degree of care and skill in the treatment of his patient, not that he will effect a perfect cure. 4. The giving of an instruction to a jury, uncalled for by the evidence, if not prejudicial, is not a sufficient reason for setting their verdict aside.

MR. SHOUT, of CHELMSFORD, writes in the British Medical Journal: The following interesting case has just happened in my practice, which satisfactorily proves that the old disused custom of depletion is, at certain times and in properly diagnosed cases, the only available treatment; and, if judiciously employed, will most likely save life, as was evidenced by the results. I was hastily summoned to a young man, aged twenty-one, who had accidentally fallen into the canal, and was supposed to be suffering from the effects of his immersion. I found, on my arrival, that his wet clothes had been changed. He

lay upon a couch on his back; the surface of his body was warm; the skin dry, and in its normal condition; his breathing slow; face and neck swollen and congested; pupils semi-dilated, and which did not contract under the stimulus of a strong light; jaws firmly locked; he could not swallow, as a teaspoonful of water ran out of his mouth when given; pulse 100, slow and intermitting; and there was likewise constant spasmodic twitching of the right arm. He could not be aroused from his coma; even tickling the soles of the feet gave no indications of consciousness; there was no paralysis nor rigidity of any part of his body. Mustard plasters were applied to the front of the chest and to the nape of the neck. After a time, he became very violent, opening and shutting his mouth, forcibly protruding the tongue, and endeavoring to bite his arm, which he seized between his teeth and it would have been severely injured had he not been prevented by forcible restraint, it taking several strong men to hold him down during the paroxysms; his face and neck becoming more swollen and turgid, and the convulsions more frequent and urgent every minute. I concluded that nothing would relieve him except free depletion, which was at once performed in the usual situation in the left arm. The blood ran very slowly at first, but after a time more freely; it was very dark-colored, which condition continued until the necessary quantity was obtained, the lips becoming blanched, and the pulse more regular. He commenced yawning, and then talking, vomited twice, bringing up some half-digested food; and upon being asked, 'said he never felt better in his life,' and wished to lie down, as he felt very sleepy. Somewhere about twenty-five or thirty ounces of blood were drawn, but the exact quantity was not known, as a common hand-basin was used for the purpose. He was put to bed, when he slept for two or three hours, after which he awoke much refreshed, and was apparently quite well. He slept well all night; and next morning came to see me, having walked about half a mile. He said he was much better, but the spasmodic twitching of the right arm still continued. He gave the following account: Two days previously, he had attended some races, and had been induced to drink more beer than was good for him, having been an abstainer; he had likewise been engaged in wheeling coal from a barge, which he found very heavy work; not being used to it. The sun was, during this time, bright and warm, with a strong north-east wind blowing. He found, on getting up next morning, that his right arm was in continual motion; he could not hold it still. He thought he had delirium tremens; but he still continued at his work, his head feeling giddy and light, and gradually increasing in intensity; he commenced dancing about and performing other antics, not being able to control or direct his movements. He saw the water before him, and all the time thought he was moving backwards, and away from it, but instead was going towards it, and into which he fell, its depth being sixteen feet. He found himself at the bottom, and everything he saw appeared enormously enlarged; he came quickly to the surface, and clutched at some weeds, and by the assistance of those present gained the bank, when he became perfectly insensible, and knew no more."

Mr. Reginald Harrison has had cases in which, on account of an enlarged prostate, it was necessary to make an opening into the bladder from the perineum, the usual means of relieving obstructed micturition, or its consequences, having failed (British Med. Journal, June 9.). He reports the details of such a case—a man, æt. sixty-three, who had been suffering from frequent micturition, caused by an enlarging prostate. Finally, the irritability increased so much that it was sometimes difficult for him to hold his urine for more than ten minutes, and Mr. Harrison determined to open the bladder. The patient being placed under ether in the lithotomy position, a small grooved staff was introduced into the bladder, and a limited incision made down upon it laterally, opening the urethra in the membranous portion. The staff being necessarily a small one, he was enabled to pass his right

index finger into the bladder without removing it. On doing so, he found that, though the prostate was not very large, the orifice of the bladder was obstructed by one of those nipple-like enlargements of the third lobe, which are sometimes more effectual in rendering micturition difficult and catheterism uncertain, than more general hypertrophies. Finding that he could obtain his object and free the neck of the bladder without attempting to remove or enucleate any portion of the gland, he did not carry the incision into the bladder along the groove of the staff, but introduced on his forefinger (having now removed the staff) a straight, narrow, probe-pointed bistoury, by which he divided what seemed to be the obstructing portion of the prostate. The finger then entered the bladder easily, whereas previously it was with the sensation that a source of obstruction existed, which was quite capable of rendering catheterism difficult. On again using the knife for the purpose of slightly enlarging the superficial incision to avoid bagging, the rectum, which had been accustomed to prolapse very much, suddenly filled the wound, and came into contact with the knife; a small puncture of the bowel was the result. He is disposed to think, however, that it proved a not unimportant feature in the case. A lithotomy-tube was introduced, to which rubber tubing was attached for draining and keeping the patient dry. The operation was followed by a rapid cessation of the hemorrhage and a a decline of the cystitis. On the third day after, it was reported, "patient in good condition; sleeps and eats well; pulse 80; temperature has never exceeded 100° Fahr." On March 15th, the report states: "Wound looks healthy; appears to be closing up; passes his urine mainly through it; some by the urethra." At times, a little feces made its way into the wound, escaping through the perineum. The amount was so small as not to occasion any inconvenience, whilst it proved to be an obstacle to the speedy closure of the incision into the bladder. Within eight weeks from the time of operation, the patient was able to leave the infirmary. In regard to the operation he says: "A little reflection shows that it is possible to closely assimilate the lateral with the median operation, that is to say, to dispense with the incision, not to the staff, but along the staff, should it be found on exploration with the finger that the additional room which the latter part provides is unnecessary for the object in view. It need hardly be said that this modification of the lateral method, where it is found on digital examination to be feasible, frees the operator from executing the only portion of the operation to which any increased risk is attached; whilst, on the other hand, he has the consciousness that, should it turn out to be necessary, he can by the completion of the deep incision along the staff, avail himself of all the advantages which are conceded by surgeons to the lateral method of opening the bladder."

The Early Attempts to extract sugar from beets in Napoleon's time were made subjects for fun and ridicule. The Emperor himself did not escape the lampoons of the wits of the age. A caricature was exhibited in Paris, in which the Emperor and the baby King of Rome were the prominent characters. The Emperor was represented as sitting in the nursery with a cup of coffee before him, into which he was squeezing a beet root. Near him was seated the King of Rome, voraciously sucking a beet root, while the nurse, standing near and steadfastly observing, is made to say to the youthful monarch, "Suck, dear, suck; your father says it is sugar."

The New Buildings of the Medical Society of London are just completed, and they will be formally opened at the annual soirée, at which the Prince of Wales is expected to be present. The President of the Society for the year is Sir Joseph Fayrer, who accompanied the Prince on his Indian tour.

Dr. Thad. A. Reamy, of Cincinnati, has been appointed chairman of the section of obstetrics for the next meeting of the American Medical Association.

URINE PASSED during the use of bam folsa copaiba furnishes a deposit with nitric acid (Lewin's Accidental Effects of Drugs) which consists of copaibic acid, and may easily be confounded with albumen.

THE LIST OF MATERIALS which have been suggested for the purpose of dressing wounds is already so considerable that it would almost require a lifetime to test them by practical experience and to estimate the rival claims of the various dressings. (Medical Times and Gazette.) Imbued as we were with the notions of antisepticism circulated by Professor Lister, the restoration to use of such apparently unclean substances as turf, moss, and mud came upon us as a startling event when we had been trained to look upon all unprepared articles as scientifically filthy and improper. From Professor Bruns, of Tübingen, we receive a fresh addition to our means for carrying out the after-treatment of wounds, in the form of a preparation which he calls "wood-wool," and which he recommends to surgeons. (Berl. Klin. Woch., No. 20.) Fine-grained wood in the form of splinters and shavings such as are largely employed in paper factories, according to Bruns, is the kind of material to be used in preparing the dressing which is called wood-wool. Pine wood is preferred, and especially the pinus picea, which is poorer in resin and of coarser grain as compared with the wood of other pines and firs. The further preparation of the wood shavings and splinters consists in their reduction to a state of finer division by being rubbed through a wire sieve, then dried, and finally impregnated with various antiseptic substances. That considered best is a half per cent. of corrosive sublimate and ten per cent. of glycerine (the percentage apparently referring to the ratio between these substances and the wood-wool). The advantages of such a dressing are believed to be manifold. Compared with ashes and turf it is absolutely clean, fresh, and of white color, and is soft and pliable like ordinary wool, and withal of extraordinary cheapness. It possesses, in virtue of its contained resin, ethereal oils, certain antiseptic properties, and is so easily adapted to the wounded parts and of such elasticity that a uniform and equable pressure is easily obtained. Its principal property, however, is its extraordinary power of taking up fluids; in this it excels all other forms of dressings; it absorbs twelve times its own weight of fluid, so that ten grams of dried "wood-wool," after complete saturation, weigh one hundred and thirty grams. Simple sawdust absorbs only three or four times and a half its weight of water, ashes only nine-tenths and sand only four-tenths. This dressing has been in use by Bruns for half a year, and he has every reason to be greatly satisfied therewith. With the exception of one case of erysipelas, no secondary accidental wound diseases were met with.

DR. BRAXTON HICKS read a paper on the subject of The Uterus in Puerperal Eclampsia, before the Obstetrical Society of London, on May 2, and described two cases in which he had made careful observations (Lancet, May 26, Med. News). In each of them, coincidently with a convulsion, a powerful and prolonged contraction of the uterus was observed. Between the convulsions, the uterine action was natural. He could not state the exact relationship in point of time between the convulsions and uterine contraction. He did not think that uterine contraction alone caused the convulsion; for in the most severe cases of tonic or clonic contraction of the uterus, convulsions did not occur. But there might in these cases be increased excitability. It had been suggested that increased force of pains might result from carbonic acid intoxication due to the convulsions. He thought the immediate supervention of uterine contraction in the convulsive paroxysms and the quietness of uterine action between them told against this view. The presence of these contractions, together with the disturbance of the heart and vascular system, and the pupil showed that the muscles of organic life were liberally affected during the paroxysms of eclampsia. These prolonged and powerful uterine contractions, as

well as the carbonic acid poisoning of the mother's blood, were a source of danger to the fœtus, and in its interest speedy delivery was called for, if it could be effected without harm to the mother. Dr. Robert Barnes thought that with chloroform and improved operative measures delivery might be effected early and safely; but the mother must be considered first. Dr. Graily Hewitt thought the disturbances of the abdominal and renal circulation, caused by pressure of the gravid uterus on the renal veins, exercised a powerful influence in producing eclampsia. He had found benefit from diminishing this pressure by positional treatment, and by unloading the bowels. Dr. Routh had seen marvelous benefit in puerperal convulsions from placing the patient on her belly and knees, a confirmation of Dr. Hewitt's views. Dr. Hicks did not recommend force in the delivery of the child. As to the effect of pressure, there was often no albumen in the urine before the first convulsive seizure.

There is no Berlin Correspondence to-day which could avoid to mention the name of Robert Koch in one way or the other. (Berlin Correspondence Medical News.) Therefore it may be of some interest to western readers to hear that this eminent man does not belong to the medical staff of some great hospital, or to the faculty of some celebrated university, but that he was a simple practitioner and State physician in Wollstein (a small provincial town not far from the Russian frontier) at the very moment when he finished his luminous experiments on the bacillus anthracis and on septicimia in mice. Struck by the profound ingenuity and exactness of these experiments, Prof. Cohn the well-known botanist of Breslau, in whose laboratory Koch had executed his first inquiries, made the proposition to him of coming over to this university; he did so, but failed to get an appointment, and, after a half year's waiting, he returned to his former residence. Perchance only a year later (in 1880), Professor Finkelnburg, of Bonn, resigned from the service as a privy councillor to the Imperial Board of Health (Reichsgesundheitamt) in Berlin, and Director Struck offered this post to the provincial practitioner. Once put in his element, Koch developed an admirable activity. He filled his laboratory with all instruments necessary for fruitful scientific researches on practical etiology, and began to work assiduously, but silently, until he went forth with one of the greatest discoveries of the century, viz., the plain and clear fact of a bacillus representing the active principle of the tuberculous process, which fact stands unshaken, even by the somewhat hazardous attacks of Spina, from the Vienna Pathological School. Dr. Koch is now at work gathering all clinical facts which may contribute to confirm his theory of the communicability of phthisis. Besides this, he and his able assistants are fully occupied by a vast series of experiments on the etiology of other infectious diseases; the influence of preventive inoculation, and the efficacy of disinfecting methods. The discovery of a bacillus belonging to farcy, made by Prof. Schutz and Dr. Löffler, may be mentioned as one of the most important results in the first direction.

Dr. J. Milne Chapman in his article on masturbation as an etiological fact in the production of gynic diseases (American Journal of Obstetrics, June, 1883,) cites a number of cases and draws the following conclusions: 1. That masturbation exists to a considerable extent in women. 2. That it is accomplished, as a rule, by manipulation of the external parts. 3. That its accomplishment by the introduction of foreign bodies into the vagina is rare. 4. That decided and constant changes of the external organs of generation results from its long continued practice. 5. That the presence of such changes is sufficient to warrant the assumption of the existence of the habit. 6. That by judicious questioning the assumption may be strengthened and in many cases confirmed. 7. That apart from the use of any mechanical dilating means, masturbation is capable of producing very marked relaxation of the vagina. 8. That retroversion of the uterus is of such

common occurrence among masturbators, that its existence in an unmarried nullipara should always be regarded with extreme suspicion. 9. The same suspicion should be shown on the occurrence of leucorrhœa and menorrhagia together in similar patients. 10. That ovarian pain and even chronic ovaritis may be set up by this habit. 11. That many other affections of the female generative organs may also be thus occasioned. 12. That masturbation has so frequently a distinct etioiogical connection with disease of the pelvic organs, that its recognition will often prove a valuable aid towards forming a prognosis in and directing a line of treatment for many uterine complaints in the unmarried.

Dr. Fiorani related a case of Obstinate Sciatica, Cured by Bloodless Stretching of the Sciatic Nerve, before the Royal Lombardian Institution (London Medical Record, Med. Age): A female, æt. forty-nine, has suffered six to seven months from severe right sciatica, with slight relief from blisters, sedatives, etc. Prof. Trombetta's plan was determined on, and accordingly the patient being chloroformed, the thigh was forcibly flexed with the leg extended until the foot reached the side of the head. During this manœuvre a crash was heard as if something was torn or lacerated. The limb was held in that position for some seconds and then brought back. A few minutes afterwards the sciatic pain had disappeared, but the whole posterior part of the limb, especially the popliteal space, was very tender, in spite of which, however, she could stand and take several steps, which before was impossible. The back part of the limb swelled and became black from ecchymosis, from the middle of the thigh to the middle of the leg; this soon disappeared with rest in bed and simple treatment. Ten days afterwards she was discharged cured, and remained well two months later. F. thinks the femoral vessels cannot be unduly strained, having always found them relaxed in the dead subject. Anæsthesia should be pushed to complete relaxation of muscles to avoid risk of injury from rigidity or contraction of these. The sciatic is subjected to an enormous strain, being stretched two to eight centimetres, which, experiment shows, requires 176 to 220 or 286 pounds. The quadratus may be entirely divided by the nerve.

Dr. Joal, in a Pamphlet on the subject of Asthma and Nasal Polypi, based on ten observations, shows that nasal polypi may be accompanied by suffocative feelings, and may often cause attacks of asthma, as these oppressive symptoms disappear when the tumors are removed. The author draws the following conclusions (Revue Méd. Franc. et Etrang, Med. News): 1. Mucous polypi of the nose sometimes occasion dyspnœic troubles of asthmatic nature, but they may be totally without influence on the production and progress of these troubles, or may be a simple coincidence. 2. This symptomatic asthma is observed principally in athritic subjects, and in aged persons. 3. It is more often produced by reflex action following irritation of the nasal mucous membrane, produced by polypi. 4. The point of departure of the excitation may be the sensative filaments of the pneumogastric supplying the pharyngeal or bronchial mucous membrane, which are influenced in the modified respiratory act by obstruction of the nasal pasages. 5. Asthma may be due to catarrhal and emphysematous lesions attributable to nasal polypi. The asthmatic accidents improve or disappear after ablation of the polypi. 7. The nervous troubles produced by polypoid tumors of the nose, may be confined to periods of spasmodic sneezing.

In a Series of Cases of lichen planus, studied by Crocker (Monatsheft für prak. Dermatologie), were found white streaks and spots on the tongue, and also on the inside of the cheeks. They were scarcely above the level of the surface, and gave no pain or annoyance. No parasite was discovered. These spots and streaks are believed to be of diangostic value, as they sometimes precede the skin eruption by several weeks, and may remain after it has disappeared.

G. A. Sprechor advances the theory that a disturbance of natural electrical conditions is the cause or a cause of malarial diseases and of certain epidemic diseases as cholera. (Pacific Med. and Surg. Journal). He cites the statement of Audrand that during the great cholera epidemic in Paris, an electrical machine which he was in the habit of using gave, during April and May, sparks not more than half as long as those which it usually emitted. During June 4th, 5th and 6th, only a slight crackling could be obtained, and on the 7th of that month no electrical phenomena could be excited. The days of the greatest mortality corresponded with the absence of electrical manifestations, and the rapid abatement of the epidemic coincided with a return of electrical phenomena in the atmosphere. Dr. Sprechor suggests that the extension of our telegraph and railroad systhrough the country may have some influence in modifying and directing malarial troubles, by the formation of extensive conductors of electricity, and notes the effect these have upon the manifestation of electrical phenomena, by the fact, which he asserts, that our great hurricanes and tornadoes follow the lines of railroads. He further suggests that an explanation of the fact that animals and negroes are not at all or very little affected by malarial disease may be found in the fact fact that the hairy coat of the one and the dense oily skin of the other are a more or less perfect means of electrically insulating them.

The Sudden Death of a phthisical patient due to entrance of air into the vessels, is reported by Dr. M. Vogel, Eisleben, in the Berlin Klin. Woch, March 20, 1882. A girl, æt. 5 years, suffering since the first year of her life from pulmonary disease, was under medical charge for several weeks. After a violent cough the child suddenly died while crying out, "Oh, my breast!" At the post mortem made while the body was still perfectly fresh, I found at the right lung apex a cheesy, broken down gland, which lay between one of the larger bronchia and the subclavian vein. The latter had been attacked by the suppuration, was softened at the spot, and exhibited an irregular opening. The bronchus was also eroded. Air blown into the chief trunk escaped through a side opening in the branch. Among the bronchia were several more cheesy glands. In the heart there was a little liquid blood containing very large air bubbles. There was also air in the spleen, which shimmered through the capsule in form of bubbles; crepitation could be heard upon pressure, and air escaped upon section. The same could be observed in the kidneys and mesentery.

A Remarkable Case of paralysis of the ocular muscles, coming and going every month simultaneously with the appearance and disappearance of the catamenia, has been recorded by von Hasner (Centralblatt für Klin. Med.) It occurred in a girl aged 17 years, of good physique, who has suffered since her thirteenth year from ptosis of the left upper eyelid, which sat in every month, lasted three days, and was accompanied at its commencement by headache and vomiting. Menstruation began at the age of 15 years, when it was observed that this coincided with the monthly ptosis of the left eye. The author had the opportunity of seeing the outset of one of her periods, and then made out total palsy of the muscles of the left eye; the second day of the menstrual period witnessed a regression of the paralysis of the left eyelid, of the headache and vomiting. With the cessation of the menses on the third day a gradual restoration of the movements of the eye took place, the pupil remaining dilated a little while longer.

The Australian Medical Gazette gives some of the methods employed by the aborigines of Central Australia to prevent conception. One mode is to make an opening into the male urethra just anterior to the scrotum; another is to slit up the entire urethra so as to entirely destroy the urethral canal from the scrotum to the base of the glans penis.

In the July number of the American Journal of the Medical Sciences, Dr. Weir Mitchell contributes another of his instructive papers on nerve lesions, illustrated by five recent cases, which he has very carefully noted and studied. Nothing which we know as yet explains all the clinical phenomena of these interesting cases, and, in all probability, some of the variations in the symptoms observed are to be attributed to differences in the character of the disorder affecting the nerve-trunks, or even to the nature of the causes originating the active pathological condition. In one of the cases, among the various points of interest, none exceeds in value the abrupt extension of the areas of lessened sensation which was seen after section of the median and radial nerves. This was not to be accounted for upon any knowledge which we now have of the peripheral distribution of nerves, since in one case the dyæsthesia spread far beyond the region tributary to the nerve stretched or cut; and, in the other, in some directions did not cover the whole regions usually affected after radial nerve sections. Generally speaking the symptom is to be considered as one of the many forms of shock. A sudden injury to a nerve already morbidly altered gives rise to an inhibition of function in certain closely related centres. The disturbance might be in the direction of motor or of sensory inhibition, and both forms are among the rarer phenomena of nerve wounds from rifle balls. The fact itself is less surprising than its permanance, nor is it easy to comprehend the precise nature of an influence which may act on such varied functions, and act so persistently. In a case of section of the infra-orbital nerve for facial neuralgia, the remarkable feature was the fall of temperature, a symptom exceptionally rare in any form of neuritis, whether of internal or traumatic origin

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Dr. F. N. Otis reports two cases of stricture of the female urethra treated by division (New York Medical Journal). The first patient had been treated for some time for difficulty in urination without relief. Upon examination Dr. Otis found an urethral stricture admitting a No. 18 French sound. He also discovered a stone in the bladder. There was cystitis. The stricture was divided to 36 mm. with the dilating urethrotome, the finger was then passed and careful search made for the stone without finding it, but a few days afterward a small stone was passed with the urine. In the second case the stricture was the result of gonorrhœa. Cystitis developed and stricture was suspected. Bougies had been passed but owing to the pain they caused had to be discontinued. Dr. Otis found a stricture of 18 French, as in the first case, which he divided also with the dilating urethrotome up to 36 mm. The cystitis disappeared entirely within a few weeks, but owing to a failure of her physician to keep up the passage of sounds from time to time, recontraction took place within a month down to 26 mm. The patient objecting to another cutting operation Dr. Otis passed the urethrotome again and turned it up to 36 and drew it out at that size. The pain was not great; the hemorrhage, which was quite free, soon ceased. Great relief in urination followed but it was feared that contraction would again take place. Dr. Otis remarked that these were the only two cases of well-defined stricture of the female urethra which he had seen.

That Imagination may prove fatal receives fresh proof from a case reported in the Medical Press, April 25, 1883, by Dr. C. R. Francis. The patient, awakened from his sleep by something creeping over his naked legs, immediately jumped to the conclusion that it was a cobra, went into a state of collapse and died, though it was discovered, even before death, that the supposed cobra was a harmless lizard.

Dr. P. J. Murphy, of Washington, D. C., suggests rectal suppositories of one-quarter of a grain of iodoform combined with a small quantity of the alcoholic extract of belladonna—one of these to be used three times a day in the treatment of ovaritis.

At a Meeting of the New York Medical and Surgical Society, Dr. Flint said that one of the house physicians at Bellevue Hospital had furnished him with the following statistics with regard to the use of gaultheria in that institution in cases of articular rheumatism (New York Med. Jour.) Of thirteen cases thus treated of which the histories were given, one patient contracted pneumonia after the cure of the rheumatism, and died in the hospital; a second one remained in the hospital, at the expressed wish of the commissioners some time after cure of the remaining eleven cases; the largest duration of the disease in any one case was fifteen days, and the shortest two days. The average length of time the eleven patients remained in the hospital was a fraction less than five days. These figures would seem to point to rather better results from the drug than those which were ordinarily obtained from salicylic acid. The oil of wintergreen was the preparation used, and it was administered several times a day in ten-drop doses in flax-seed tea, which made it less disagreeable to the taste and to the stomach. In some of the cases the alkaline treatment was employed at the same time with the gaultheria.

The Treatment of migraine was the subject of a paper read by Dr. W. J. Morton, before the American Neurological Association (New York Med. Jour.) in which he described two types of the malady, the one spastic and the other paralytic, depending respectively upon contraction or dilatation of the blood vessels through the influence of the vaso-motor nerve. The treatment of the first variety consists in the use of the bromides, preferably the bromide of sodium. Given in a large dose, sixty grains, at the beginning of an attack and repeated in an hour, if necessary, it usually aborts the attack. Nitrite of amyl and nitro-glycerine are of benefit, especially the latter, which is more lasting in its effects, but should be given after meals. In the last form of the disease strychnine is recommended, but ergot given by the mouth or hypodermically is useful in cutting short the attack and causing contraction of the blood vessels. It should be continued for a while afterward. Electricity methodically applied and cauterization are also beneficial.

Hydatid Cyst of the Biceps are very rare, three cases having been reported by Blandin, Saele and Dupuytren. Mr. Picqué now publishes a fourth (Gaz. Méd. de Paris, Med. News). In September, 1882, a woman came under the care of M. Gosselin, with a large tumor situated on the anterior part of the left arm. The tumor first appeared two years ago, was for a long time very small, and gave rise to no pain. In July, 1882, it very suddenly became much larger, and soon attained the size of a child's head. It was elastic, fluctuating, movable over the deeper structures, was very regular, and occasioned no alteration of the skin; the humerus was sound, the beats of the radial artery were normal, and sensibility was only slightly influenced. There was nothing about the tumor indicative of aneurism. The axillary glands were not at all enlarged, and a malignant growth was thrown out of the diagnosis. The cyst was punctured and found to be a suppurating hydatid cyst; it was opened, the contents turned out, and the wound dressed. Recovery took place without accident, and without impairment of the functions of the arm.

Another One for Dr. Rauch. — Dr. Godfrey, of Galena, sends us the following letter recently received by a lady in that city, who must have evinced some desire to seek spiritual relief:

Seymore, June 2, '83.

Mrs. X. Y. Z. Dear Madam—I like you, though you give me no clue to your ailment tests like this I am long used to. Please accept what I tell you. Your mind is belated from youth the front part of the brain not being drawn up to the Scull as it should be it left the bowels and legs after 22 years old Subject to decay. We care nothing about your opinion but will cure you by spirits for a purpose unknown Jno. McCleary.

At a Recent Meeting of the New York Surgical Society a case of dislocation of the femur during acute rheumatism was related by Dr. C. T. Poore as follows: On Tuesday last he was called to see a boy, seven years of age, who had had inflammatory rheumatism for four months. As a result, there was contraction of both knees, and the left thigh was flexed and abducted considerably. On examaming the limb very carefully, he found that the head of the femur was dislocated upon the dorsum of the ilium; he thought that there was no doubt that it was a case of acute rheumatism, and that the hip had been out for at least six weeks. The dislocation was reduced, but it recurred. He proposed to divide the tendons and place the patient in a fixed apparatus. The acute attack of rheumatism involved both knees and the left hip—which was the one that was dislocated—and also the elbows.

According to Prof. Geo. Johnson it should always be borne in mind that, in testing for albumen, the picric acid must be in excess. A few drops of saturated solution of picric acid in a highly albuminous specimen will form a coagulum, which is quickly redissolved. When urine contains much albumen, it should be mixed with its own volume of the picric acid solution; and in tesitng a fresh specimen, it is better to begin by adding an equal volume of the test liquid. One difference between picric acid and nitric acid as tests for albumen is, that whereas an excess of nitric acid, especially when the urine is heated, will entirely redissolve the previously precipitated albumen, no excess of picric acid will redissolve the precipitate which it has once found in an albuminous solution. Picric acid solution on the surface of the urine is applicable only for the detection of a minute trace of albumen. For this purpose, in my paper read at the Clinical Society, I advise that a column of urine four inches in height should be poured into a six-inch test-tube, and upon this one-inch of the picric acid solution. The result is that the upper layer of the urine is mixed with about its own volume of the test liquid; and if albumen is present, the stained portion of the urine is instantly rendered more or less opalescent, and thus contrasts with the unstained and transparent urine below. If the picric acid solution were allowed to flow so gently on the surface of the urine as merely to come into contact and not to become mixed with its upper portion, the albumen, if present, would not be detected, or it would be indicated only after an interval of some minutes, when the two liquids had become mixed by slow diffusion. There must be an actual mixture in about equal proportions, and not merely contact of the two liquids, to ensure the action of the test. The slight opalescence caused by the picric acid solution in a sample of urine which contains a mere trace of albumen is always increased by the application of heat. So that, if the flame of a spirit lamp be applied to the upper part of the opalescent column, this will become more opaque than the lower part, which had not been exposed to heat. I now invariably apply heat to a specimen of urine which has been rendered opaque, or more or less coagulated, by picric acid; my chief reason for this practice is to ascertain if peptones ever appear in the urine.

We Learn from the Union Médicale that, at the suggestion of M. Verneuil, a dinner was recently given in Paris in honor of M. Villemin, as a reminder of the credit due him for investigations that first established the infection doctrine of tuberculosis.

Syphilis has been conveyed by an insuffi ciently washed speculum, or a vaginal canula, so much so that Dr. Giersing, of Copenhagen, attributes the increase of syphilis in that town to the obligation lately enforced there of examining the women twice a week.

Drs. A. H. Smith, Ellwood Wilson and F. H. Gitchell, of Philadelphia; J. C. Reeve, of Dayton, Ohio; Theophilus Parrin, of Indianapolis; and E. W. Jenks, of Chicago, were nominated at the meeting of the trustees of the Jefferson Medical College for the vacant chair of obstetrics and diseases of women.

CONTRIBUTIONS.

ADDRESS IN OBSTETRICS AND DISEASES OF WOMEN.

BY DR. J. K. BARTLETT, OF WISCONSIN.

[Chairman of Section. Read before the American Medical Association.]

[CONTINUED FROM LAST ISSUE.]

EXTRA UTERINE PREGNANCY.

Some important advances have recently been made in the treatment of extra uterine pregnancy up to a certain stage of its existence, which appear to offer a safer and surer path out of this difficulty than any previously discovered. The first instance of this treatment which the writer has found recorded, was reported by Dr. J. C. Reeve, in 1879. In this case the diagnosis was positive, and the time about the end of the third month. Faridazation was used as strong as it could be borne for nine days successively, for about ten minutes each session; one electrode upon the tumor in the vagina, the other, sponge covered, carried over the external abdomen. Ten days after the last application the patient was decidedly better, and in a month the breasts had become flaccid and the tumor gradually decreased in size. This was successful, although accomplished with inferior apparatus, and more than necessary disturbance. Cases have been reported within two to three years, by Drs. Lusk, Bache, Emmet, and others, where the diagnosis was regarded as satisfactory, and similar treatment was successful. Dr. T. G. Thomas last year, in a paper upon this subject, fully discussed the means of diagnosis, and related the results of his own experience in twenty-one cases. Six of these were treated by galvanism, and all recovered. His conclusion is, that if such a tumor be discovered, and its nature tolerably settled before the fourth month, the destruction of the fœtus by galvanism should be preferred to any other method of treatment. If there should be error in diagnosis, it could do no harm, if diagnosis were correct, experience proved it effective. Dr. Garrigues remarked that it had been successful up to the middle of the fourth month in every case in which it had been employed, and he thought it could be used with advantage at any period of fœtal life. The last communication upon this subject was from Dr. A. D. Rockwell, the operator in many of Dr.Thomas' cases, in which he reports seven cases, with the method of use of the agent. His first case was one of tubal interstitial pregnancy at almost three months, and was perfectly successful. More recently he had treated three which had been published, and three more which had not. The results in all, more thoroughly establishes the value of the treatment. Two of these will be briefly epitomized to show the method. His fifth case was declared by Drs. Thomas and Emmet to be a combination of both intra and extra uterine pregnancy, and was about two and a half months advanced. There was a tumor of the size of a pullet's egg distinctly perceptible two inches to the left of the median line, and nearly on a level with the pelvic basin. It could be moved from Douglas' cul de sac towards the margin of the ribs, and it gradually increased to the size of a billiard ball. The negative pole of a galvanic battery was brought into contact with this growth through the vagina, the positive, a large flat electrode placed upon the abdomen, the object being so to diffuse the current as to produce the least possible action upon the abdominal muscles. The maximum strength employed was eighteen cells, or a power of twenty-four volts, used with rapid interruptions. This was repeated four times in six days.

The tumor not only diminished perceptibly in size, but changed its position an inch or two. Since that time it has gradually grown smaller, until now, three months after, it can hardly be detected: at the same time there is now developing, in the uterus, a six month's fœtus.

The sixth case was about four months advanced, a current of twelve cells (about sixteen volts) was used, interrupted for ten minutes, then quickly increased for one minute without interruption. Great care was exercised, in this case, on account of the increased distention of the Fallopian tube from the more advanced stage, and the consequent danger of rupture. A second application, the following day, concluded the treatment. Two weeks after the tumor had decreased one-half, and, after several months, cannot be perceived by external examination.

In the last case the pregnancy had advanced to the third month, and the tumor, about the size of a child's fist, was movable, and could be distinctly felt, both from without and within. An anæsthetic was given, at the advice of Dr. Emmet, for fear of cyst rupture from involuntary movements; a current of sixteen volts only was used and repeated three times afterward, at intervals during six days. The contour and seat of the tumor were changed after the first application, and it rapidly decreased in size. The treatment was repeated afterwards to accelerate the process of absorption.

This method of treatment is safe and simple, only requiring caution, in advanced cases, to avoid rupture of the sac by too much strength of current. Galvanism is decidedly preferable to Faradism, as being more certain. Catalytic effects pertain only to the former, and the changes produced by this action, in organic bodies, continue long after the current has been used.

POST PARTUM HEMORRHAGE.

A reference to some recent suggestions for the relief of severe cases of post partum hemorrhage and of the collapse which follows: The hypodermic injection of ether has been lauded in extreme acute anæmia. It appears, however, only to act as a temporary stimulant, of the same character as the introduction of a small quantity of ammonia into a vein. Prof. Hayem's experiments on artificially exsanguinated animals, recently detailed at a session of the Paris Academy of Medicine, prove that no effect is produced except a temporary excitation of the heart-beat, while the use of defibrinated blood, in many cases, prevented a fatal result.

Professor Chahbazian, of Paris, extols an alkaloid of ergot, called ergotinine, which is prepared by M. Tanret, of Paris. Only three grains of this can be obtained from a pound of the ergot. One-fiftieth of a grain is dissolved in twenty minims of alcohol or chloroform, and five to ten minims of the solution injected hypodermically, to be repeated, if necessary, but never to exceed twenty minims in all. He states that it acts very speedily and energetically, uterine contraction following its use in from two to five minutes.

Dr. Langay, of Paris, says that he has found faradization the speediest and most effective means of producing instant and energetic uterine contraction in cases of this difficulty.

Dr. J. F. LePage, in a recent article, refers to an old but now neglected method, auto-transfusion, in anæmia from post partum hemorrhage, and believes that where patients are not in articulo mortis, it will prove successful.

It is also again recently referred to by Mr. Percy Boulton, who, after enumerating the ordinary means, including hot water 110° to 120° injected to the fundus uteri by a syphon syringe, says, should symptoms of collapse appear, raise the foot of the bed to an angle of 45°, apply a sinapism over the heart, and bandage firmly legs and arms, beginning at the extremities, etc.

Confidence in the practical efficacy of direct blood transfusion, in cases where death appears imminent, has very much lessened in France, Germany and England, and Dr. Lusk, one of our latest authorities, says, that, although theoretically it is the most rational method of treatment—practically it is unsatisfactory. Dr. Matthews Duncan, at a meeting of the London Obstetrical Society, last January, spoke of transfusion as merely a hopeful proceeding, remarking that patients who survived it were often spoken of as being saved by it, which was a manifest mistake. In many cases it has caused death, and most of the difficulties and dangers were produced by the attempt to transfuse blood.

These estimates are due partly to the uncertainty of obtaining a blood supply, and to the unpleasant symptoms which often, and the fatal results which at times, follow direct transfusion, partly to the delicate instruments and manipulations required. To mediate transfusion may be objected the same want of blood supply, and the loss of time occupied in defibrinization and re-heating, the chance of embolism from imperfect separation of all fibrinous particles, and the possible danger of contamination from bacteria during the process of whipping. Other fluids have been suggested, such as fresh milk, by Dr. Thomas; but this is found open to grave objections, and has been but little used. Many years ago weak saline solutions were suggested where blood could not be obtained, but physiological objections were strongly urged against the measure. Dr. Barnes states that they were employed, some years since, by Drs. Little, Woodman and Hickford, in England, and that one of the cases of Dr. Woodman recovered.

Mr. Schwartz published, about two years ago, the result of experiments made upon artificially exsanguinated animals, with the conclusion that a saline solution thrown into a vein would relieve the phenomena which accompany an extreme degree of anæmia. The first application of this to the human subject, in Germany, as far as records are accessible to the writer, was made by Dr. J. J. Bischoff, in 1881, in a case where death seemed imminent from hemorrhage; who injected into the left radial artery, on account of the difficulty of finding superficial veins, about forty ounces of a solution of common salt, six parts to one thousand, with the addition of a few drops of lye, as no soda was at hand. This was allowed to flow slowly in, from a receptacle elevated a little above the arm, and an hour was occupied in the process. During this time the pulse fell from 156 to 122, and rapid improvement of the patient was observed, followed by recovery. None of the unpleasant symptoms of oppression, which attend blood transfusion, were manifested. Schwartz has recently published his conclusions more fully, in which he states that death from cessation of the circulation is due, not so much to the great diminution of the blood globules, as to the disproportion between the size of the vessels and their fluid contents, and that the latter is safely and surely remedied by injections of weak alkaline solutions. The minimum quantity to be administered to an adult should be about five hundred cubic centimeters (about seventeen ounces). He also reports a violent hemorrhage following the removal of uterine cancer, where the pupils were insensible, consciousness lost, etc., where he injected one thousand cubic centimeters into the median vein, with the most satisfactory result. He mentions

five other cases which were reported by Bischoff, Kustner, Kocher and Kummel.

Recently it has been again brought into notice in England. Mr. E. C. Jennys, resident accoucher at the London Hospital, reports a case which occurred last August, in a woman, who, after a fall at full period, was attacked with profuse anti-partum hemorrhage and was collapsed, to a marked extent, when seen. The os was fairly dilated, and right shoulder presenting. The flooding was temporarily checked by hypodermic injections of sclerotic acid and brandy, and, thinking any attempt at delivery would prove fatal, the median basilic vein was found with much difficulty, and sixteen onnces of a saline solution thrown into it, by means of a common metallic syringe. Signs of animation are stated to have speedily followed, vision, hearing and speech returned, and the subsequent progress was favorable. The solution here used was composed of common salt fifty grains, chlorate of potash three grains, sulphate and carbonate of soda two grains each, to twenty ounces of water, to which two drachms of absolute alcohol were afterward added.

Mr. Coates related two cases before the Obstetrical Society of London, December 6th, last year, both of severe secondary hemorrhage after labor. In the first it had recurred violently several times, and continued on the last occasion, for eight hours before the patient was seen by the medical attend ant. She was found almost moribund, unconscious, and pulse barely perceptible. The saline alcoholic solution was allowed to flow into the radial vein, the only one perceptible of any size. The result is described as marvelous—sight and consciousness returned, and she was soon able to retain stimulants.

In the second case the hemorrhage occurred the ninth day after labor, following straining at stool. Half an hour after, her appearance showed a great loss of blood, which was still flowing in gushes. The uterus was relaxed, filled with clots, and could be felt externally, extending almost to the ensiform cartilage. The os barely admitted a finger. Sclerotic acid, hypodermic injections, ice. kneading, etc., failing to arrest the hemorrhage, she was brought to the hospital. She was much worse after her arrival, and one of Barnes' dilators was introtroduced, with a view of further examination. Before this could be accomplished her condition became most critical—pulse hardly perceptible, respiration irregular, extremities cold, jactitations, etc. The median cephalic vein was found after some delay, and twenty-two ounces of simple water, at a temperarature of 100° F., injected. The pulse ceased to intermit, respiration improved, sight returned, and the uterus slowly but distinctly contracted. The os being now fully dilated, the uterine interior was examined, but nothing found to explain the flooding. As there was still considerable bleeding, the uterus was swabbed out with a mixture of equal parts of a saturated solution of persulphate of iron and water, and an enema of beef tea and three ounces of brandy administered. In a short time she could swallow, and stimulants were freely given. The patient progressed uninterruptedly after this, having no bad symptom except a rise of temperature to 102° F., for the first few days. The narrator thinks that the omission of the salines in no way lessened the success of the injection, and though a fluid of a different specific gravity, and one previously supposed to produce swelling of the red globules, and loss of pigment, the result was wholly beneficial. He also states that he examined the globules microscopically, twenty-four hours after the injection, and there was no obvious alteration in their appearance. He admits that if the injected fluid had been of a character to produce cardiac stimulation, as well as increase in the dynamic force of the circulation, the result would have been even more decided; but, as it was, a return of consciousness and renewal of the circulation ensued.

Dr. Robert Barnes, referring to this case, said: "That the dynamic condition of the circulation, under such conditions can be restored, even to a partial extent, by the injection of twenty-two ounces of simple water, is one of the most interesting physiological and clinical demonstrations I have recently observed."

Dr. H. J. Garrigues, of New York, after advocating the injection of defibrinated blood, in place of direct transfusion, closes a short, recent article, thus: "When blood cannot be obtained, I should prefer a saline solution as containing no foreign substance, no solid corpuscles—being always attainable, and not liable to decomposition. Table salt is found in every house, and all that is needed is to inject a half per cent. solution of this substance.

It is not improbable that all the cases which have been cited might have recovered without intravenous injection; but, as a prelude and adjunct to other measures, where the prostration is so great that stimulants or nutriment cannot be taken or absorbed, this offers a safe and ready auxillary. The knowledge that such a remedy is always at hand, and that it can be used with safety and decided advantage, appears a great accession to our therapeutic resources in these alarming cases.

[TO BE CONTINUED.]

DOCTORS AND MACKEREL have this in common, that they are seldom caught out of their own school.

ON RELATION BETWEEN FLEXIONS OF UTERUS AND NERVOUS AFFECTIONS.

BY H. T. BYFORD, M.D., CHICAGO.

[Read at the Chicago South Side Medico-Social Club.]

Instead of attempting to go over the whole ground of uterine flexions and hysteria, I would like to call your attention to a few cases of anti-flexion, as illustrative of quite a grave condition of affairs very frequently found among American women. About one-fifth or more of your uterine cases will be cases of flexions, and over ninety per cent. of these will be sterile, and more than half of these flexions will be forward.

I was called about a year and a half ago to see Mary T., a seamstress, supposed by her friends to be insane. She was twenty years old, slender, pale, had dark hair and refined features. Had menstruated pretty regularly, but sometimes scantily, and always with some pain, since her seventeenth year. Her relatives informed me that she had suffered for several months with delusions, hallucinations, incoherence of thought, and an entire indifference, apparently, to what was happening about her. At first the mental aberration was slight and only occurred at the menstrual period. Each month the menstrual symptoms lasted longer and became more intense until I saw her, when she was said to be out of her mind all of the time except for two or three days in the month. Two physicians of good standing had prescribed for her, but with only temporary benefit. She had always been quiet, modest, and inclined to sedentary habits, and now presented that woe-begone taciturnity so peculiar to melancholia. The only difference that I could discover between her condition and that of true melancholia was the possibility of arousing her, or rather of scaring her, into a half rational condition. Taking advantage of this possibility I alarmed her into the necessity of submitting to the ignominy, as her hyperesthetic modesty deemed it, of a physical examination of the uterus. The hymen admitted, with difficulty one finger into the small, sensitive, but not very tender vagina. The os uteri was small, and the body acutely ante-flexed at the internal os, but the uterus not otherwise abnormal to the touch.

There was no ovarian tenderness, although she complained of pain in the left iliac region. She was kept in bed during the menstrual flow, under the influence of full doses of potassic bromide. This improved her mental condition slightly, so that they were able to get her out of the house and finally, down to my office, but it did not render her rational. Being unable to expand my smaller speculum sufficiently to expose the os, I slipped a small glycerine plug into the vagina and prescribed tincture of iron internally. When she returned after three days I succeeded with difficulty in passing the point of a very slender slippery elm bougie through the os beyond the point of flexion of the uterus, and left it there eight hours. This was repeated every four days until within a few days of the next menstrual period, when a glycerine plug was substituted. After the introduction of the second elm bougie she commenced to become rational, and before the menses returned she was entirely so, and stopped taking the bromide. The mental derangement occurred only slightly during this menstrual period, and subsided entirely in a few days, leaving only an extreme sensitiveness of the mind in its place. She then ceased taking any bromides, except at the periods. The elm bougies were applied every four or five days during the next month, with the exception of twice, when the compound tincture of iodine was applied to the os instead. Iron and quinine were given internally. At the next monthly flow the insanity was slighter and of shorter duration than before, and at the next two succeeding periods (same treatment being continued) she remained in her right mind and took no bromide. Feeling so well she then discharged herself and depended upon her tonic. This proceeding was followed in two months by a return of the insanity at menstrual flow. After that I succeeded in getting her to come about once a week for a couple of months more, when she again discharged herself seemingly well. She came to me once after that, with a slight return of the old symptoms and was again relieved by the bougies. Tincture of iron or else tincture of iodine was occasionally applied locally for the purpose of relieving more completely the slight endo-cervicitis.

Case 2. — Sophie D——, Swedish servant girl, unmarried, æt. 24 years, blonde, large, strong, had been receiving local uterine treatment for two months by another physician without benefit. Saw her first about a year ago. The most abnormal thing about her was her appearance. While waiting for her turn in the office reception room she always sat with her hat tipped forward over her brow and her head and shoulders inclined forward, so that her sad-fixed features were hidden from the gaze of the curious, and her general appearance was one of statuesque despair. The moment I put my question as to how she felt she became animated and commenced to weep and complain. Principal symptoms were backache, pain in iliac region, and sensation of chilliness. In this case I found anteflexion and endo-cervicitis, slight lapsus and general congestion of the body of the uterus. I prescribed an iron tonic and applied mild stimulants to the cervix every few days and occasionally to the endometrium, as far as the application could be in-

troduced, for about two months, without helping her melancholia or the chilly feeling, which was almost constant. I then commenced slippery elm bougie treatment, with an occasional application of tincture of iron or tincture of iodine, and had the satisfaction soon of converting her fits of weeping into paroxysms of laughing. From laughing she soon gained control of her nerves, and became quite sensible, and held up her head again before people. After about nine months' treatment she left the city, not quite cured of the flexion, but had been free from the nervous symptoms several months.

Case 3. — Mrs. D., aged 22, married, three years sterile, has always suffered severely at her menstrual periods until recently. She has anteflexion of the cervix and complete closure of the uterine cavity at the point of flexion, slight tenderness of right ovary, and lapsus of the uterus, so that the cervix at the time of defecation is forced against the rectum, and renders the act almost impossible. Has frequent pains in both iliac regions. Her nervousness is extreme at times, and she imagines she is becoming crazy, and does become hysterical. Several months ago, while on a visit to one of the Southern States, she consulted a physician, who dilated the cervix, and thus relieved the dysmenorrhœa and many of the nervous symptoms. When she came back to Chicago the stenosis and dysmenorrhœal symptoms returned, and she came to me. I found it almost impossible to introduce the smallest slippery elm bougie I could whittle out, but succeeded at last. The presence of the slippery elm caused nausea and dizziness, so that it was half an hour before she was able to leave the office. The bougie was left for four hours, when it caused pain and was removed. In three days she returned, feeling much better, and was able to bear the introduction of a slightly larger bougie without much discomfort. The next menstrual period was painless, and she has been improving since.

I have a case of anteflexion, accompanied by great despondency, in a boarding-house mistress. She has been married several years, is 29 years old, and sterile. She is the most muscular woman I am personally acquainted with, yet some days she will sit in the house, unable to leave it, or scarcely move a limb, while at other times she will do the whole of the housework and cooking for eighteen mechanics and laboring men. She complains of severe pains in the left iliac region at times, and is greatly troubled with bloating. Assafœtida relieved the bloating and nervous symptoms to a certain extent, but regular dilation has relieved them completely. This kind of case has come under my observation very frequently, and I have seldom failed in relieving the nervous symptoms by dilitation with the elm bougies, although the occurrence of pregnancy, the irregularity or entire cessation of attendance by the patient, the coexistence of pelvic inflammation, and the "natural cussedness" of the disease, have sometimes baffled me. But there are a few valuable points in connection with the deformity which a study of these cases will aid in elucidating.

1. There is some direct relation between flexure of the uterus and hysterical symptoms, especially the melancholia.

2. This form of melancholia is not dependent entirely upon occlusion, for in some cases there is neither occlusion nor dysmenorrhœa. I have a case of a primipara with anteflexion without occlusion, whose life was perfectly miserable from despondency, fainting spells, excessive irritability, and foreboding of trouble, who experienced no relief from tonics, local stimulants, or glycerine plugs, but whose nervous symptoms improved from the first introduction of an elm bougie. Ammoniated tincture of valerian had afforded temporary amelioration.

3. That the peculiar dilating, or rather straightening action of the elm, affords much relief.

4. That the beneficial action of the slippery elm bougie is not merely one of stimulation, for in some cases the symptoms are worse until the stimulation has subsided, as in the case of Mrs. D. and many others. I have known cases in which the bougie increased the local discomforts and yet caused improvement in the nervous condition after its removal.

5. That congestion in any part of the uterus is not a constant factor, for in the first case cited there was no sign of any congestion.

6. That ovarian irritation is not the cause of this kind of hysteria, for the bougies could not relieve ovarian irritation so promptly, since they have rather an irritating than soothing effect upon the pelvic organs.

7. Dragging of the uterus upon the ovaries through the broad ligaments is not the cause either, for the change produced in the position is scarcely appreciable at first, and not comparable the change constantly being produced by the filling of the bladder.

8. That the iliac pains accompanying anteflexion are not of ovarian origin.

9. That pessaries do not afford as decided relief to the general nervous symptoms as elm bougies.

10. That cutting operations, which endanger the life or health of the patient, are injustifiable for stenosis until gradual dilatation of this kind has been tried. One of the most protracted cases I ever treated illustrated this. About three years ago Margaret L., æt. 23, consulted me for dysmenorrhœa, from which she suffered so severely that,

although the flow only lasted about three days, she did not recover from the effects before the four weeks had passed. She was about 5 feet 8 inches high, and weighed about 105 pounds, and was troubled with some melancholia bloating and other hysterical symptoms. Under the slippery elm treatment she improved in health, was relieved of dysmenorrhœa and stopped treatment. She came for treatment again with the same result. Soon after that she went West for nearly a year, and then came back, a year ago, suffering from excruciating menorrhagia, and was almost bedridden all of the time. I used the bougies awhile, relieving the menorrhagia and enabling her soon to go to work as fancy cook. For several months she came very irregularly, averaging about once a month. The dysmenorrhæa returning, she then commenced anew and came twice and sometimes three times a month, up to the present. She now weighs over two hundred pounds, and enjoys perfect health, and has only a slight flexion. Had the cervix been incised in her weakened condition, she would have been in great danger of serious after effects; she never would have become as strong as she is now; would be unfit for child-bearing, and hence unfit for marriage; and would be in need of the operation for lacerated cervix, to cure her of the mutilation.

11. All uteri that have been incised for stenosis ought to have the lower incision sewed up to cure the mutilation, and the physician who incised the cervix be made to refund the money for the operation and pay the bill for the sewing up.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, June 30, 1883.

The President, Dr. Barret, in the chair.

DR. HENDRIX presented the bones of a leg which had been amputated for caries. A girl, aged 13, had cerebro-spinal meningitis in 1881, and made a good recovery. No syphilis could be found in the history. She was well developed. December 26, 1882, she complained of an intense pain in the leg at the knee-joint. The temperature was 106°. December 27, no change; a posterior plaster of Paris splint applied. January 1, 1883, swelling of the knee and no fluctuation. The swelling after it had progressed for some time went down, and on February 1 a small opening showed itself below the knee and communicating with the joint. A large quantity of pus came out, but the knee grew larger. February 10, the joint was aspirated, an ounce and a half of pus being removed. After this the knee seemed to diminish in size. February 22, the patient was removed to St. Luke's Hospital. Splints could not be used; three pads were placed, one under the heel, one under the ankle, and one above the knee. March 8, a lateral dislocation of the knee, which was easily reduced. A sand bag was placed on each side. March 10, Dr. Mudd aided in exploring to determine whether amputation would be necessary. March 12, an exploratory incision was made and amputation followed. An antero-posterior flat was made, and the wound left unsutured. A great quantity of pus was found in the joint. March 14, the dressings were removed and found offensive. The stump was laid on a pad for the first five days. The flap healed partially by first intention Soon a circular spot showed itself in the anterior flap; extension was resorted to, but it was not enough to prevent perforation of the flap. Some pocketing took place, and a drainage tube was put in. A sinus formed in the outer and upper end leading to the fleshy part of the thigh. On April 15, a necrosed piece of bone was removed from the end of the stump. May 15, the wound was healed and the patient left the hospital. Since that time two abscesses have formed, one above the ankle and the other in the arm at the insertion of the deltoid. The pain was such that the patient could not sleep at night. Iodide of potassium was administered. After this there was no pain and the abscesses became superficial and stationary, whereas before they were or seemed to be deep and hard.

DR. LUTZ regarded the bones as beautiful specimens of what had probably begun as an osteomyelitis. The doctor said that the angles of the femur had softened; inflammation was apparently going on, and for that reason amputation had been made above the knee. The inflammation probably began in the head of the tibia, going up through the joint and attacking the femur. As to whether the inflammation was syphilitic in origin or not, there may be a difference of opinion. Many syphilographers contend that syphilis rarely or never produces pus. From his own experience Dr. L. believes that syphilis rarely produces pus. There was no connection between the disease and the former cerebro-spinal meningitis, and the course pursued was the only rational one.

DR. HENDRIX stated that the recovery from cerebro-spinal meningitis was perfect, and for a long time previous to the last disease the patient complained of pains in the knee, although there was no history of any injury.

DR. LEMEN was inclined to regard the case as one of acute suppurative arthritis, disorganizing the cartilages and permitting the pus to find its way to the bones.

DR. WILLIAMS stated that he had seen syphilitic affections of the bones about the orbit produce suppuration and result in large abscesses.

DR. HURT had seen the case and felt disposed to conservative treatment, but the exhaustion and septic condition rendered amputation imperative.

DR. GREEN was struck with the suppuration in the arm and other limb pointing to pyæmia, and thought the doctor could congratulate himself on the result.

DR. LEMEN said that we know that secondary abscesses commonly form after suppuration in joints.

DR. GREEN thought that the cerebro-spinal meningitis placed the system in such a condition that it could not resist, as it otherwise might have done, and thus favor the development of the pyæmia.

DR. JORDAN read a paper on "Mineral Waters and their Uses," in which he stated that the Greeks and Romans credited mineral waters with medicinal virtues,and employed them both as drinks and as baths. The Greek and the Roman priests made use of them for the purpose of showing their own great powers. Anterior to the Christian era the hot springs were dedicated to Hercules, and Hippocrates forbade their use for general purposes. Aristotle and Strabo speak of saline springs, the latter claiming their efficacy in dissolving urinary calculi. Pliny, Horace and others speak of saline, ferruginous and other springs. During the early days of Christianity the properties of these waters were eclipsed, as the pagans had attributed them to their gods, and for many centuries the springs were abandoned until Charlemagne had the baths built at Aix-la-Chapelle. He soon had followers, but on his death it passed out of notice until the close of the fifteenth century, when mineral waters became recognized in Italy. Savonarola published a book on them in 1492. In the sixteenth and seventeenth centuries English works were published on them, as also some in Germany and France.

As chemical analysis became more perfect and a knowledge of the agents upon which the medical properties depend became clearer, mineral waters assumed more importance, and the sick now may accurately find out what particular springs are adapted to their peculiar condition.

The question may arise, "What is a mineral water?" In the medical acceptance of the term, it is one which by reason of its ingredients is especially applicable to diseases. It is not necessary here to attempt a defense of mineral waters in the treatment of diseases. It is recognized by physicians at home and abroad. The rapidity of their use in the few past years is known to all, so much so that the drug stores now present waters from Hungary, France, Germany, and from different springs of this country. In addition to the genuine we have a large number of spurious or artificial waters. Their use jeopardizes the conclusions made with the genuine article. Chemistry is not an exact science in regard to the analysis of mineral waters. These imitation mineral waters should be classed the same as adulterated drugs or food. The Government should require them to be marked as imitations, and the proprietors of the genuine waters should adopt some form of package by which they could be known. Another obstacle to their efficacy is the absolute freedom exercised in taking waters at summer resorts. They are often taken immoderately, and the sick are made worse, and the well made sick. This thing is better regulated abroad. They have learned that these waters are medicines. The springs are provided with Government inspectors, who regulate the consumption and application of the waters. Something of this kind might well be applied to our springs. Could not the National Board of Health appoint resident physicians at the springs to observe and give free advice as to the adaptation, application, etc., of the waters? Investigation will convince you of the propriety of such a regulation. It is a cause of surprise and regret that so little time and attention has been given to these valuable medicinal agents, whilst in Europe so much has been done. Ten years of close and extensive observation and experience has convinced the writer that the use of the various springs is valuable for all classes of diseases. Many diseases, otherwise incurable, have been cured or relieved.

DR. SCOTT thought that a right understanding of the spas of our country is of the highest importance, so as to properly direct patients to the right ones.

DR. KINGSLEY said that waters are attracting a great deal of attention of late. Water drinking is beneficial, because it produces rapid tissue metamorphosis and increases the amount of urea excreted. The dilution it affords is beneficial for cystitis, relieves constipation, etc. But if taken too long, the waters will produce anæmia.

DR. LOVE was sorry that Dr. Jordan did not give some practical suggestions. The action of largely diluting medicines was well known.

DR. JORDAN stated that his paper was short and imperfect, his only object being to draw attention to the subject. The reason more foreign mineral waters are sold here is because such large numbers go to Europe every year, and upon returning they render the waters popular. Dr. J. expressed his belief that there was a remedy for nearly all diseases in mineral waters, and this was not to be wondered at, as they were so much better diluted.

After the discussion closed, the Society adjourn-

ed for the summer. Its next meeting will take place Saturday, Sept. 22, 1883, at 8:30 P.M.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Carcinoma (Scirrhus) of the Rectum. By J. H. MUSSER, M.D.,

At the autopsy of the person from whom these specimens were removed, made thirty-six hours afer death by Dr. W. E. Hughes, we found rigor mortis well marked, the body greatly emaciated, the skin of a yellow-earth color, and on the right buttock near the gluteal fold the ragged, grayish openings of several sinuses, which, we subsequently proved, communicated with a sac behind the rectum. This sac opened into the rectum, which at that point was greatly dilated. At the bottom of the dilated pouch in the posterior wall, towards the anus and two and a half inches therefrom, was a hard mass. This mass was the size of a silver dollar, involved two-thirds of the wall, but did not cause occlusion of the gut. The surface was ulcerated. The bowel towards the cæcum was dilated, the mucous membrane congested, and the muscular coat hypertrophied. The remainder of the intestine was normal, and the glands of the mesentery were only slightly enlarged. The liver weighed four and one-half pounds, was very fatty, and in the left lobe a secondary mass larger than a walnut was found. The apex of the left lung was the seat of a small area of catarrhal pneumonia; the base was bound down by rather recent adhesions. Further than this, the tissues presented no other change than that due to wasting disease. Microscopical examination revealed the two nodules to be of the nature of a hard cancer.

The patient, a female 37 years old, had always been a dyspeptic and of a constipated habit. Her mother and one sister had died of cancer of the stomach, her maternal uncle died of the same disease of the liver. I attended Mrs. E—, from October 11, 1881, to February 7, 1882. She died in May of the latter year. From the 5th of August previous to my first visit she had been suffering from so-called dysentery, twenty to thirty bloody stools with tormina and tenesmus. She had grown very feeble and lost much flesh. My notes state abdomen flat, tender all over, especially in the fossæ, but no tumor noticeable. Dysenteric diarrhœa continued, and I may say these discharges kept up during my attendance, at times better, again worse. The mucus was always present; the blood at times none, again slight, or again in large amounts. The appetite was poor and her dyspepsia bad. The debility and emaciation progressed and the appetite became less. In November I detected a hard tumor with apparently a raw surface, two inches and a half from the anus.

During December and January she complained of pains in the legs and of severe cramps at night. In January she began to complain of pain in the right hip posteriorly. Local and internal remedies scarcely relieved it; finally the post rectal abscess discharged. Death from exhaustion ended the career of horrible suffering.

I would remark that in all probability the obstinate constipation predisposed to the location of the disease. The constant irritation of the hardened fæces would tend to the deposition of the cancerous growth in this locality in a person predisposed to that disease. I have not seen constipation noted as a factor in the ætiology of rectal carcinoma, but I think such a view plausible, and that we may infer the practical point, soluble bowels in the cancerous inclined.

CORRESPONDENCE.

Malden, Mo., July 5, 1883.

EDITORS WEEKLY MEDICAL REVIEW:

Let me please add a little item in your next issue of the REVIEW of which I am a subscriber. I heartily indorse your comment on railroad surgeons, in a recent number, and what cheek the managers of the railroads have was shown to me by a proposition I received the other day from the general manager of one of our Western roads. Ever since the road started I have acted as their surgeon, have had a pass over the line and charged them for every accident. Last fall they had a serious accident by spreading of the track, and about twelve or fourteen passengers were more or less seriously injured—amongst them were two cases of fracture of the leg. I had to organize a hospital and all of them made a good recovery except one, who had received a fracture of the skull and internal injuries, and who died in three days. I sent in my bill for services rendered—300 dollars for 30 days, and they considered it too high, and as I had attended before this a brakeman who had his leg and foot mashed, and whose bill was 80 dollars, I had to compromise for 300 dollars for all services rendered, losing 80 dollars in the transaction. I had taken good care of all the cases and all left well pleased and compromised with the company for a mere trifle. The officers complimented me for my good management, but instead of appreciating my services had the sublime cheek to ask me to attend to their men and passengers who might be injured on trains or on their employment free, the compensation to be an annual pass. I respectfully declined to accept it, and as competition is here slight, no one beside myself who is a surgeon and well prepared for emergencies, I know they will have to come to me whenever they have a serious accident, and then I shall get even for the result. They can

put on incompetent men if they please; 70 miles from here they got one I suppose for the same compensation they offered me, who is spoken of by the profession and laity as a drunkard. But they are welcome to such men. I am only sorry to see such a lack of appreciation for skilled surgical services rendered. Please insert this in your next number and oblige, Yours respectfully,

E. von Quast, M.D.

BOOK REVIEWS.

Bacteria and the Germ Theory of Disease. By Dr. H. Gradle, Professor of Physiology, Chicago Medical College, etc. Pp. 219. Chicago, 1883. W. T. Keener.

On the Relations of Micro Organisms to Disease. By W. T. Belfield, M. D., Lecturer on Pathology, etc., Rush Medical College, Pp. 131. Chicago, 1883. W. T. Keener.

These two little works on the same subject have been placed upon our table at the same time, and may be noticed together.

Dr. Gradle's book consists of a series of eight lectures given at the college with which he is connected. Those who know him and realize the extent of his reading and his ability for research would naturally expect a work of no small interest, and will not be disappointed. After discussing the subject of bacteria in a general way he devotes one lecture to an examination of their habits, reproduction, their behavior under high temperatures and dessication, the vitality of their spores, and their general detection with the microscope. He next takes up the bacterial struggle for supremacy, their work in digestion, their cultivation and inoculation, and then begins the consideration of individual diseases beyond a doubt of parasitic origin.

Among these we mention charbon, chicken-cholera, various surgical infections, putrid poisoning, erysipelas (three varieties), tuberculosis, glanders, typhoid and relapsing fevers, small-pox, measles, malaria, diphtheria, leprosy, syphilis, and various local inflammations, such as gonorrhœa, trachoma, endocarditis, rhinoscleroma, carious teeth, actinomycosis, etc. When considering the bacilli of tuerculosis he takes especial pains to give explicit directions, so that any one possessed of requisite skill and instruments may institute his own bacillus-hunt.

The Microscope and Its Revelations. By Wm. B. Carpenter, C. B., M. D. LL. D., etc. Sixth edition. Illustrated by twenty-six plates and five hundred wood engravings. Vols. I and II. New York: Wm. Wood & Co.

These two volumes form the April and May numbers of Wood's Library of Standard Medical Authors, and are from the pen of a man thoroughly acquainted with the subject on which he writes. The work is intended for the amateur microscopist, and the author has devoted in consequence a large space to a consideration of the optical principles of the microscope, its construction, management, and the necessary apparatus; and also to the preparation, mounting and collection of objects. The latter part of the first volume treats of the microscopic forms of vegetab'e life, and the second volume of those of animal life, to which a short chapter on the application of the microscope to geology is added. To those who are interesting themselves in the study of biology this will prove an invaluable guide, and to the more advanced student a perusal of its contents cannot fail to be interesting.

The Dispensatory of the United States of America. Fifteenth edition, by H. C. Wood, M.D., Joseph P. Remington, Ph.G., and Samuel P. Sadtler, Ph.D., F.C.S. Philadelphia: J. B. Lippincot & Co.

It seems almost superfluous to attempt a review of this work, so well known throughout the length and breadth of the land. The fact that it has reached the fifteenth edition speaks more in behalf of its merits than can be said in a short review. The length of time which has elapsed since the publication of the last edition and the important changes which have taken place in therapeutical methods, pharmacy and chemistry, have necessitated a revision of the work which has been carefully done, and the editors merit great praise for the thoroughness of their labor. The change in the Pharmacopæia required a corresponding change in the dispensatory, and so parts one and two of the former editions have been combined to form part I. of this edition, and part three is now part II. Part one consists of the officinal remedies arranged in alphabetical order, to each of which a new feature has been added, the correct pronunciation of the name. Part two includes the unofficinal drugs. An analysis of the mineral springs of America and many of Europe, an alphabetical table of formulas and molecular weights, and other new and important additions have been made, which serve to render this edition very complete, and a necessity to every physician and pharmacist.

BOOKS AND PAMPHLETS RECEIVED.

Homicide and Suicide in the City and County of Philadelphia, Pa., During a Decade, 1871 to 1881, inclusive. By John G. Lee, M. D., Coroner's Physician, Member of the Academy of Natural Sciences, etc., Philadelphia, Pa. Pp. 32.

QUARTERLY REPORT of Medical Officers United States Army, with their stations and duties as reported to the Surgeon General April 1, 1883. Pp. 11.

SECOND ANNUAL ANNOUNCEMENT of the Iowa College of Physicians and Surgeons at Des Moines.

REPORT ON THE PHARMACOPŒIAS OF ALL NATIONS. By Dr. James M. Flint, U. S. N. Extracted from the Report of the Surgeon General of the United States Navy for 1882. Pp. 28.

REPORT OF THE PROCEEDINGS of the Illinois State Board of Health. Quarterly meeting. Chicago, April 12-14, '83. Pp. 19.

THE TREATMENT of Retained Placenta After Abortion. By Hiram Von Sweringen, M. D., Fort Wayne, Indiana. Pp. 16. Reprint from Obstetric Gazette, June, 1883.

ONE HUNDRETH Annual Catalogue of the Medical School (Boston) of Harvard University, 1882-83. Cambridge: Charles W. Sever.

ANNUAL ANNOUNCEMENT of Trinity Medical School. Toronto Session, 1883-4.

RELIEF OF SOCIAL AND STATE TAXATION Through Distribution of the National Surplus. By Professor Robert Ellis Thompson, University of Pennsylvania. Pp. 28.

TWENTY-THIRD ANNUAL ANNOUNCEMENT of the Bellevue Hospital Medical College, 1883-84.

ANNOUNCEMENT OF THE THIRD ANNUAL SESSION of the Medical Department of the University of Denver, 1883-84.

HINTS ON THE TREATMENT of Some Parasitic Skin Diseases. By George H. Rohe, M. D., Professor of Hygienic and Clinical Dermatology College of Physicians and Surgeons, Baltimore, etc. Pp. 11. Reprint from the Medical Record.

PEMPHIGUS and the Diseases Liable to be Mistaken for It. By Geo. H. Rohe, M. D., Professor of Hygienic and Clinical Dermatology College of Physicians and Snrgeons, Baltimore, etc. Pp. 11. Reprint from the Medical News.

THE TREATMENT of the Various Forms of Acne. By Geo. H. Rohe, M. D., Professor of Hygienic and Clinical Dermatology College of Physicians and Surgeons, Baltimore, etc. Pp. 7. Reprint from the Medical Chronicle.

JEQUIRITIC OPHTHALMIA. By S. Pollak, M. D., Surgeon in Charge of the Eye and Ear Infirmary of the St. Louis Hospital, etc. Pp. 11. Reprint from the St. Louis Medical and Surgical Journal.

DR. JOHN A. LIDELL, late surgeon to the Bellevue Hospital, New York, in an elaborate practical paper on the subject of contusions of the brain and of the spinal cord in the July number of the American Journal of the Medical Sciences discusses the clinical history, diagnosis, prognosis, and treatment of this large and very important class of injuries. While much is said in our text-books on the subject of cerebral concussion—of its dangers and of its importance—but small if any mention is made of the contusions of the brain which so very often complicate the concussions, and impart to them whatever of gravity —be it much or little—that they may chance to possess. And still less mention is made of the contusions of the spinal cord. No wonder, then, that bruises of the brain structure, and of the spinal cord-substance, occur much more frequently than is generally supposed, that the relationship which exists between these injuries and concussions is not well understood, and that the bruises of these organs often escape even all suspicion, during life. That slight or even moderate concussious of the brain sometimes, perhaps not unfrequently, occur without being complicated with contusions of the brain, Dr. Lidell does not doubt. Contusion of the brain is, therefore, he believes, not synonymous with concussion of the brain; but, at the same time, all the evidence naw collected tends to prove that the severe instances of cerebral concussion are always complicated with cerebral contusion. Concussion of the brain, however, derives its chief importance from the fact that it is very often associated with contusion of the brain; and, in examining a case of cerebra concussion, the question of most importance for the surgeon to decide is whether or not cerebral contusion is also present. These are points of doctrine which practically have much interests for patients as well as practitioners, because of the influence they are likely to exert in the direction of procuring a correct diagnosis and, consequently, a wise treatment; for in the disorders of no other parts of the body is it more true that an accurate diagnosis begets a wise plan of treatment than in those of the brain and spina cord.

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 3. CHICAGO AND ST. LOUIS, JULY 21, 1883. TERMS: $3.00 A YEAR.

DR. MONIN, in the Le Médecin Practicien, No. 21, (Cincinnati Lancet and Clinic) says: The mammary secretion is a phenomenon of the reflex order. In normal conditions the presence of the fetus in the womb and the suction of the child upon the nipple are the physiological excitants of this function. Yet aside from the puerperal state, excitations very diverse in their nature may bring about this result. The presence of milk in the breasts does not therefore indicate absolutely an existing pregnancy, nor is it proof positive of an anterior pregnancy. That this point may have some medico-legal importance is evident. The lacteal secretion may show itself at any period of life. It is sometimes found in infants, which fact was known as far back as the time of Morgagni, who makes mention of it in his "Adversaria Anatomica." When the secretion appears in infants, it is usually about the second or third day, and may continue a month (Depaul). The chemical constitution of this milk is different from the ordinary human milk, and it is so irritating that it is apt to give rise to suppurative inflammation of the gland, especially when the vicious practice pursued by some midwives is indulged in, i. e., pressing the breasts in order to extract the milk. At puberty the mammary gland in both sexes becomes the seat of a kind of physiological orgasm which may bring about a lactiform secretion. There are few precise observations of this condition, although the records of medicine contain many cases. In adult females the menstrual function stands in peculiar relationship with the mammary apparatus, as was known to Hippocrates and Avicenna. The physicians of the last century also knew this connection, since Vega is said to have quoted the Hippocratic aphorism in defense of a young girl accused, by reason of the appearance of a flow of milk from her breasts, of having lost her virginity. Tumors of the breast may give rise to the lacteal secretion. The writer has seen this in a carcinomatous breast removed by M. Terrier. It is probable that the explanation of this phenomenon lies in the extreme activity of the glandular epithelium produced by the neo-plastic proliferation. Tumors of the uterus and its appendages (myomata, cysts, etc.) may by sympathy arouse the mammary secretion. Excitation of the nipple is a powerful influence in provoking the secretion of milk, and there are numerous cases on record where a perfectly chaste girl, by applying an infant to the breast, has aroused the action of the gland to such an extent as to give full nourishment to the child. (Baudelocque, Richer, Chaussiear, Bouchut, etc.) M. Luc, in 1879, related a very curious case of galactorrhea, occurring in the service of Auguste Ollivier. It was that of a woman who had never been pregnant, but who had lived for a year with a lover whose principal delight was to excite her breast with his tongue. The imagination and certain emotions act strangely upon the mammary secretion. Diemerbrock cites a case where an old woman, filled with desire to rescue from starvation an infant whose mother had died, applied it to her breast, and after several trials milk came in sufficient quantity. The Dictionary in sixty volumes contains the account of a young woman whose breasts overflowed with milk at the moment she abandoned herself to the tender advances of a fond husband. In "spurious pregnancy" the lacteal secretion is sometimes present. In the adult male irritation of the nipple may bring about a secretion of milk sufficient to nourish an infant. Humboldt describes the

case of a certain Lozano who, in order to quiet his infant, took it to bed with him and put it to his breast. The irritation caused a secretion of milk, which was thick and sweet. For five months the father nursed the child several times a day, and during this time the infant had no other nourishment. Similar cases were recorded by James, Villeneuve, Horteloup, and recently by Labbé. The male mamma has been observed to atrophy following atrophy of the testicle, and after orchitis. Cancer of the testicle and onanism may produce a like result.

Dr. Geo. Oliver, of Harrogate, lately read a communication before the Clinical Society of London on a new method of detecting sugar in the urine. (New York Med. Journal.) "The principle of the test," says the Medical Times and Gazette, "consists in the fact that by boiling saccharine urine with a solution of sulphindigotate of sodium, which has a blue color, a gradual succession of color-changes, passing in order from blue across the colors of the spectrum finally to yellow, takes place. The test can be carried about in the form of blue papers saturated with the indigo solution. The papers yield a clear, blue solution with distilled or fairly pure water. Indigo-blue in the presence of glucose becomes a colorless fluid. This was the circumstance which led Dr. Oliver to examine diabetic urine in this regard."

Under the Heading of Notes on Paraldeyhe Dr. John Brown writes to the British Medical Journal as follows (New York Med. Journal): As I have prescribed this new drug on several occasions, it may be of interest to give my experience. The dose as a hypnotic is from thirty to fifty minims. It produces sleep in most cases in a few minutes after taking it, the effect lasting from three to seven hours. Larger doses, no doubt, would produce longer narcosis. It produces no headache, no constipation, nor stomach derangement, contrary to the report given of it. In one case it caused a slightly depressant effect on the heart. In a patient who had been accustomed to take chloral, it was stated that the sleep was refreshing, but, if disturbed during the sleep, the tendency to sleep left, which was not the case with chloral. Paraldehyde in some cases causes a peculiar burning taste in the mouth the following morning. The breath smells of the drug for several hours after waking. It is probable that nearly all the drug is got rid of by the lungs in the same state as it is taken. Paraldeheyde is not much, if anything, superior to chloral. It costs five shillings per ounce; chloral, sixpence per ounce; besides which, it requires a larger quantity of the former, so that it is about sixteen times as dear as chloral. Therefore, it is not likely to come into general use. Being so insoluble in water, it makes rather a large draught, which is objectionable.

Dr. Ely Van de Warker, in the American Journal of Obstetrics for July, gives an analysis of thirty-one operations for repair of laceration of the cervix uteri. In this he shows that for an aggregate average of 44.6 years of duration of laceration of the cervix, 30 women, of the total average of 36 years at the time of the operation, had an aggregate average of 3.7 children. That abortion occurred in one-third of the cases. In over two-thirds of the cases the first labor was the one at fault. He opposes the view advanced lately that trachelorrhaphy causes sterility. Indeed, he makes the operation to cure such a condition. His statistics show that for a mean average duration of 6.14 years during laceration there is a fertility of five, and for a mean average of 1.34 years after operation, there are seven successful pregnancies with two abortions.

Dr. Theophilus Parvin, of Indianapolis, has been elected to fill the vacant chair of Obstetrics and Diseases of Women at the Jefferson Medical College, Philadelphia. They could not have made a better selection, and they have escaped a rock upon which so many Eastern colleges have split, and that is to keep a national reputation and draw all their teachers from local supply.

A Case of Jaundice from an unusual cause is reported in the London Lancet by Mr. H. Mallins. An officer in the Indian army, engaged in the Afghan war, was attacked with intermittent fever, which was attended by a good deal of nausea and vomiting. Two days later he began to show evidences of jaundice, which in a week became well marked, the stools being whitish and the urine dark brown. The appetite was not affected, but nearly every kind of food caused so much nausea that very little nourishment was taken. Yellow vision and intense irritation of the skin, especially of the lower extremities, was complained of. No enlargement of the liver could be made out, and very slight tenderness on pressure over the region of the gall-bladder was the only indication. Emaciation became so great that he was advised to try a hill climate, but a month's trial affording no relief he obtained a furlough to Europe. While waiting at Bombay to embark he had occasion one day to go to stool, and on examining the excreta, as had been his habit since his attack, he found a large ascaris lumbricoides, apparently dead, one end of its body, to the extent of half an inch, being of a deep green color. The next day the stools showed a slight amount of bile, and ten days later their color was quite natural, and convalescence was established. It was thought probable that in drinking some road-side water he had swallowed the ovum of the parasite with which he afterwards became infested, and that, from the deep staining of one end of the worm and the immediate reappearance of bile in the stools which followed its expulsion, it had in its migrations entered the ductus communis, effectually plugging it and preventing the flow of bile.

Orchitis as a Sequela of typhoid fever is sufficiently rare to make the report of such a case of interest. Mr. C. E. Harrison gives an account in the London Lancet of a patient who, after exposure and fatigue in the Egyptian campaign, suffered from typhoid fever. Convalescence took place and he left Cairo in a hospital ship for England. During the voyage there was a return of diarrhœa, and still some looseness of the bowels after reaching home. On the second day after, he was seized with a sudden pain in his right testicle, which became very acute during the night, and the following day there was marked enlargement of the organ, with redness and œdema of the scrotum. The epididymis was but little affected. There was no gleet or history of urethral discharge or local injury to account for the orchitis. On account of the patient's weak condition from his previous illness, blood was not abstracted, but fomentations, with poultices and extract of belladonna were applied, and a saline mixture with an opiate at night were ordered. Indistinct fluctuation being felt, the needle of a hypodermic syringe was used for exploration, but no pus was found. Two weeks after fluctuation was distinct, but though two incisions were made little pus was evacuated. A slough presented between the edges of the upper wound, which was gradually extruded, and having reached the size of an almond finally came away, and the wounds completely healed. The testicle is considerably diminished in size. Mr. Harrison concludes with the queries: "May not orchitis be closely allied to parotitis, which is also a sequela of typhoid fever? and may not both be described as an expression of blood-poisoning?"

A Case of Complete suppression of saliva, following an attack of mumps, is reported by Mr. A. S. T. C. Buxton in the London Lancet. The patient, a lady over middle age, had an attack of mumps, and as soon as the pain in the salivary glands had subsided, her mouth became quite dry, and had remained so up to the time that Mr. Buxton saw her. She could scarcely speak, and was obliged to take a sip of water frequently in order to be able to speak at all. All the visible portions of the mouth and throat were "in a fearfully dried state." The tongue was covered with a thick, brown fur, which was horn-like and was so hard that on striking it gently with a probe a sound was produced as when tapping the cover of a book with a cedar pencil. There

was no swelling or tenderness on pressure about the salivary glands, and the orifices of Stenson's and Wharton's ducts could be plainly seen. The sense of taste was of course entirely absent. Her sleep was greatly disturbed and she awoke with intense longing for cold water, but drinking gave no relief. There was great difficulty in feeding her; milk and beef-tea she would not take, and semi-solid food was swallowed with great effort. No success in stimulating the glands to action followed the use of drugs, so that the constant current was tried. A silver probe was pushed into Stenson's duct on one side until resistance was met with, and to this the negative pole was applied and the current allowed to pass for ten minutes. While the probe was in the duct a thick, white liquid oozed from the orifice, which looked something like pus. On withdrawing the probe a drop of clear saliva followed it. Thinking that a small abscess might be obstructing the flow of saliva the other ducts were thoroughly explored, but no pus was found. The electric current was then passed, as before, through the other Stenson's and both Wharton's ducts with the same result as in the first instance. An hour afterwards there was a gentle flow of saliva, which gradually increased without further use of the current until almost the normal amount was being poured out. The sense of taste was restored.

Bromethyl ($C_2 H_5 Br.$), according to Prof. Berger, of Breslau (Deutsche Med. Zeit.), has proven palliative in various neuralgiform conditions of the nerves about the head and face, even after the usual remedies (quinine, soda salicyl, caffein, guarana) had failed. In the typical cases of megrim, neurasthenia, hystero epilepsy and of psychical exaltations, it has also proven beneficial. It is inhaled several times a day in doses of twenty to forty drops, and can be increased until narcosis sets in. Nitro glycerin has given relief in various forms of headache. It is very poisonous, and should, therefore, be given with care in a 1 per cent. alcoholic solution, one drop to three, three times daily.

An Editorial in a recent issue of the British Medical Journal presents statistics which go to prove the increasing prevalence and fatality of cancer. The writer very truthfully pictures the uncertain results that have been obtained by treatment, and very urgently appeals for earnest study into the nature and origin of the scourge. He thinks it reasonable to suppose that there may be found for malignant growths a remedy which will disperse them as readily as syphilitic tumors are dispelled by mercury and iodide of potassium. The founders of the Cancer Hospital which has been recently established in this city seem to have anticipated some of the suggestions made by our London contemporary and to have taken a step in the right direction. We quote below an extract from the stirring appeal alluded to above. "The fact is, that cancer is growing more common; and that fact should be faced boldly, and should have all possible publicity given to it. To know our danger is to insure the adoption of such protective measures as are available, and to set ingenuity to work to find ways of escape. To shut our eyes to it is to give it the advantage over us. The alarmist is an objectional character, but there is a still more pernicious social nuisance, and that is the flattering unctionist, if we may coin from Shakspeare such a name for the being who lubricates everything with the oil of gladness, and polishes each plague-spot on the body-corporate, till it shines so that we cannot distinguish it from healthy tissue. To the flattering unctionist, whatever is is right, progress is universal, and everything couleur de rose to souls and eyes that have been properly anointed. Facts that create foreboding may be refined away, statistics that awaken anxiety may be so manipulated as to prove exactly the contrary to their obvious meaning. We have only to stereotype a smile, put our hands into our pockets, and glide into a blissful futurity by the usual route, " straight down the crooked lane and right round the square." And it is the flattering unctionist who, whenever we are startled by the inroads of disease, steps for-

ward to assure us, with bland confidence, that we are sadly deceived, that the increase is apparent and not real, and that there is not the slightest necessity for taking our hands out of our pockets; and in doing this he works incalculable mischief. The ignorant public are ever but too ready to listen to any flattering tale, and so they are soothed by such assurances, and spared that just appreciation of danger which is the necessary condition of investigation of its source, and protection against it. With reference to cancer, it seems certain that the public has not yet been awakened to a realization of the truth that it is spreading and claiming a greater number of victims each succeeding year. And surely it is desirable that this truth should be brought home to them; for, once they had grasped it, they will not only sanction, but insist on, searching investigations into the nature and origin of the visitation. The sophistries and sentimentalities of antivivisectionists will be brushed aside, in view of the menacing advance of the dread and excruciating disease; and pathologists will be exhorted to pursue their researches untrammelled and to sacrifice whatever number of animals may be necessary in the scientific pursuit of means by which its attacks may be warded off or its ravages arrested. Nor would such researches be undertaken by pathologists without good hope of obtaining valuable results. The tendency of medical and surgical discovery of late has been to remove the barriers which were supposed at one time to separate ordinary inflammation from malignant new growth. It is even taught that inflammatory processes pass by insensible gradations into those of malignancy, while it is pointed out that some of the local applications which are beneficial in inflammation have also an unquestionable influence when used in cancer, in repressing cell-growth, and in retarding its development. There can be nothing, therefore, extravagant in anticipating that we may yet light upon some remedy the internal administration of which will cause a malignant ulcer to heal, or a malignant growth to melt away, just as syphilitic formations vanish under mercury and iodide of potassium.

Dr. Burton in the Medical Press and Circular, May 30, 1883, says (N. Y. Medical Record): 1. That puerperal eclampsia is a motor neurosis associated with loss of consciousness. 2. That it stands in intimate relationship to the convulsions of childhood and to epilepsy. 3. That only one factor in its production is constant, viz., a peculiar condition of the nervous system that may be designated as one of "unstable equilibrium," and that this factor is common also to the convulsions of childhood and to epilepsy. 4. That retention of urinary constituents when present vastly increases the tendency to convulsions in pregnancy, but that outside the conditions of pregnancy and childhood such retention is but rarely the cause of convulsions. 5. That nerve-irritation—shock, emotion, violent pain, uræmic or other morbid conditions of blood, etc.—is capable of setting up sudden vasomotor spasm of cerebral blood-vessels. 6. That this spasm of blood-vessels, causing sudden anæmia of the brain, is the cause of the convulsions and of the consequent coma. This view of the etiology of puerperal convulsions leads naturally to the treatment, and in fact furnishes an explanation of the success that has attended the employment of chloroform, ether, chloral, bromide of potassium, subcutaneous injection of morphia, and blood-letting.

A Writer in the British Medical Journal tells this (Louisville Med. News): A member of an Oddfellows' lodge came one evening for advice at the usual hour of consultation. The symptoms were duly detailed, and the surgeon prescribed a mixture which contained two grains of tartrate of antimony in eight ounces of water. The patient on arriving home took a dose of his medicine, but was annoyed to find that it had so little taste, and that moreover it presented no solid material to be shaken up. On submitting the bottle to his wife, she also, on tasting, pronounced it to be "nowt but wetter." He then took counsel

with some of his brethren, who were not very favorably disposed toward the doctor, and yielding to their advice entered a complaint to the lodge. In due time the doctor received from the secretary a notice to attend and answer brother Jones's charge, to the effect that he had been supplied with water instead of medicine. In reply to this notice, the surgeon asked the secretary to intimate to the aggrieved brother that it would be necessary to have the medicine produced in court, in order that he might have a fair chance of rebutting the charge. When the night arrived there was a goodly attendance of members, and the lodge having been formally opened, Jones was asked to stand forth and prefer his charge against the doctor, which he did, alleging that the bottle produced was given to him for medicine, and contained nothing but water. After he had finished his statement, the surgeon proclaimed to the meeting that if Jones was sincere in his belief that there was nothing but water in the bottle, he could have no objection to drinking the contents at one draught. The chairman and the brethren thought this a reasonable proposition, and put it to Jones accordingly. Jones was evidently not quite prepared for this crucial test of his belief, but could see no way out of it. After a little hesitation he consented. The contents of the eight-ounce mixture was transferred to a tumbler, and he quaffed them off. The doctor then intimated to the chairman that he might proceed with any other business, until the medicine had time to take effect. After the lapse of about half an hour, Jones began to exhibit signs of internal disturbance, and a basin was brought in for his convenience. It soon became manifest to the brethren that there must have been something more than water in the mixture. The doctor submitted that he had effectually upset both Jones and his allegation, and quitted the lodge in triumph.

The Following Case of subacute diffuse sarcoma of the peritoneum is reported by Dr. E. Gaucher in La France Médicale of March 31, 1883 (N. Y. Medical Record): A young man, twenty-seven years of age, had been suffering for two months with obstinate diarrhœa, the stools at times being mixed with blood. He emaciated rapidly and lost strength. About a week before admission to hospital his abdomen began to increase rapidly in size and his legs became œdematous. The belly was hard and tense and very painful on pressure. There was excessive tympanites with but moderate ascites. The latter, however, increased rapidly after a few days, and so interfered with respiration that it became necessary to perform paracentesis. About twenty-five ounces of sanguineous fluid was taken away. The patient appeared to be relieved by the operation, but died three hours later. At the autopsy the peritoneum was found to be thickly studded, throughout its whole extent, with very vascular cancerous vegetations resembling raspberries. The omentum presented a most peculiar appearance, entirely covered, as it was, with these raspberry vegetations, filled with blood and pressing closely one against the other. There were no cancerous lesions to be found in any of the viscera, nor was there any glandular infection. The vegetations were seen under the microscope to be composed of embryoplastic cells, closely pressed together, and sustained by a delicate network of fibrous connective tissue. There was a large num- of newly formed blood-vessels.

The Following is a short abstract of the investigations of Grummach on the physiological action of respiration in an atmosphere of varying density. Grummach studied the effect on the respiratory and circulatory system by means of Waldenburg's apparatus, and reached the following conclusions: Arterial tension is increased in an atmosphere of rarefied air and diminished when the air is condensed. These conclusions have been verified by Basch, Schreiber, and Sommerbrodt, though their experiments were conducted in a different manner. From a therapeutic standpoint the investigation may be of benefit, since the author claims that expiration in a rarefied atmosphere causes a ventila-

tion of the lungs by diminishing the space normally occupied by the residual air. In this way a larger portion of air containing impurities is removed from the lungs than by forced expiration. This procedure is recommended by the author in emphysema. The inspiration of condensed air increases the ventilation of the lungs by enlarging the space for complementary air to such an extent that more air is taken into the lungs than could be done during forced inspiration. Deformities of the thoracic cavity, as well as a phthisical habit, would be markedly benefited by this plan of treatment.—Deut. Med. Zeit.

A Woman 79 years of Age was admitted April 3, '79 (Lon. Lancet), at the Poplar and Stepney Sick Asylum. There were no symptoms of intestinal irritation, except an attack of diarrhœa in March, 1881. During the night of April 15th, 1882, the nurse on going to the patient noticed what in the dim light looked like a piece of tape, projecting from her mouth; on extracting this it was followed by more; after withdrawing several feet of it she becamed alarmed and hurried off to the night superintendent with the startling news that "she was afraid that she had been pulling a woman's guts out." By the aid of more light the superintendent discovered that the object was the part of a tapeworm, and withdrew, in an overhand manner, the entire worm, tail first, and apparently dead. It was found to be a perfect tinia medio canellata, measuring twenty-eight feet and bearing its head. From this time the patient gradually sank and died in a few days.

A Specimen of Nasal Calculus, was presented by Dr. R. D. Clark, to the Medical Society of the County of Albany, which he had removed from the nose of a boy six years of age. (Med. Annals, February, 1883.) When two years of age the child had snuffed a pea into the left nasal fossa, but this was removed by a surgeon who was then consulted. Two and a half years later the parents noticed a bloody discharge from the same side of the nose. Their physician treated the case unsuccessfully for catarrh. The child was brought to Dr. Clark on account of an injury received by falling with a bean blower in his mouth. At this time the father called his attention also to the trouble in the nose. On examination with the rhinoscope, he found the left nasal fossa nearly occluded with a polypus, which he removed by divulsion. On further examination with a probe, he detected what at first seemed to be a dead bone, but on attempting to remove it, proved to be a calculus. On section, this was found to consist of a nucleus of cork with a calcareous concretion encrusting it.

In a Recent Work by M. Armand Despres, of the Paris Faculty, devoted principally to statistics, and written in opposition to the recognition and licensing of the social evil by the State, the following figures are given (Medical and Surgical Reporter): There are in France 15,057 registered prostitutes, 7,859 belonging to maisons de tolerance, which number 1,328; 7,198 prostitutes are what is termed en carte—they live in their own rooms and appear at certain stated times (once monthly) for examination. Besides this prostitution recognized by the law, there is another, the individuals exercising it escaping as best they can the attention of the police. The number of free prostitutes is thought to be about 41,000. M. Despres asserts that where prostitution is regulated by the State, and the danger from infections thus obviated, marriage is thought of later in life, and increase of population reduced to a minimum.

In the Medical Press, March 28, 1883, Dr. F. J. Quinlan thus describes what he considers the best method of preparing tubercular bacilli for the microscope (Medical and Surgical Reporter). Take a button of phthisical expectoration in an advanced case—the first expectoration in the morning is the best; pour upon it a few drops of liquor potassæ, and work it with a glass rod until it becomes a homogeneous fluid. Put a drop of this fluid upon a microscopic-cover glass, from .006 to

.004 thick, and allow it to dry. Now pass it lightly through the flame of a spirit-lamp, filter upon it a few drops of magenta aniline solution, and let it lie for twenty minutes. Place it in a mixture of one-third nitric acid and two-thirds of distilled water until it bleaches, which will take about five minutes, and wash it with water. Next drop upon it a little methyl blue solution, and let it stand for five minutes; and finally get rid of all aqueous fluid, by dipping it in absolute alcohol. To mount it, put a small drop of Canada balsam and benzine upon a glass microscopic slide, and put the cover-glass on it with the bacillar surface immersed in the balsam. This will soon harden, and will preserve the preparation indefinitely. The plan depends upon the fact that once the bacilli are stained red they cannot be decolorized by the nitric acid which bleaches everything else; it is much facilitated and hastened by doing it at a warm temperature. By this method the bacilli are seen scarlet, and the other elements of the sputa blue. The bacillus is about one-third the size of a red blood corpuscle, and requires a power of at least 500 to exhibit it satisfactorily. The process is delicate and a little tedious; and from my own laboratory experience of it, I doubt if it will become a clinical test in general practice.

From the Lancet and Clinic we take the following: In Cincinnati the population is largely composed of Germans. Germans love the customs of the Fatherland, hence their wives in most cases prefer midwives to physicians. If midwives in this country were what they should be, i. e., what they are in Germany, we would have no word to offer in objection. But they are not. They are as a rule ignorant, and worse than all their ignorance is fearless. Four years ago in this city a young woman and her child were literally murdered by an ignorant German midwife. An inquest was held before the Coroner of the County. The midwife was asked, among other things, whether she knew the shape of the pelvis. She replied that it was round like a stovepipe. She was asked whether she thought that it made any difference whether the child lay crosswise or with its long diameter in correspondence with the long diameter of the uterus. She knew positively that it made no difference what the position of the child was in the womb so long as the mother fell into the hands of a skillful midwife. She was asked whether she had any credentials or certificates of examinations from Germany. She drew from her pocket a yellow, dingy piece of paper, and with a look of triumphant innocence upon the people in the audience, she handed it to the Coroner. He read its contents aloud, and they developed the extremely satisfactory and guilt-dispelling information that the bearer, Mrs. ———, had been a chambermaid in the family of Dr. ———, of Hamburg, for two years. The woman could not read, and had brought this practical joke of a German physician with her to America as her credentials for the practice of midwifery and as full authority permitting her to place on her sign "German Examined Midwife." The woman had made quite a little fortune in her business, and to-day, notwithstanding the exposé which the newspapers gave to the wretched affair above detailed, is still in active practice in our midst. Not long ago a man died, leaving a wife and five children destitute. The wife was asked by the physician who had attended her husband, "What will you do for the support of yourself and your children?" She replied, "I am too weak to take in washing and do not know enough about sewing to make my living at that, and (with a smile) so I shall become a midwife. I've had five children myself and I think I ought to know something about the matter." Sure enough, a few days afterwards, the physician observed as he passed by the all-too-frequent sign "Hebamme" swinging before her door.

In an Article in the Canadian Practitioner for July Dr. Graham says, when speaking of the infectiousness of tubercular phthisis: "It is difficult to understand why very distinguished London physicians should be so opposed to the contagion the-

ory. There are two reasons for this. They are as a class very conservative and perhaps slow to accept new views and theories. Consulting physicians have not the same opportunity to watch the course of the disease in families as the general practitioner. The instances of contagion in my opinion are as plain as those of typhoid fever, leprosy, or even syphilis. How many are exposed to the contagion of typhoid and do not contract the disease. It is probable that the germs of this malady are at all times floating in the atmosphere near the ventilators of sewers, and yet how comparatively few take the disease. The history of leprosy is a remarkable example of how the whole profession may be misled by the opinions of a few distinguished men. This disease was considered contagious beyond all doubt by the ancients and those of the middle ages. In modern times Hebra and a few others of note from necessarily limited observation gave the opinion that the ancients were wrong, that the disease was not contagious; but at the present time, as the result of experience on this continent and the islands of the Pacific, the profession is rapidly returning to the old view, viz., that it is contagious, and that cases should be isolated."

Dr. Reeves, of the State Board of Health of West Virginia, has been making things warm for a quack, one Hale by name. He soon after appeared in Toledo, was arrested, jumped bail, went to Cleveland, and made an engagement to lecture to a "select" (?) audience on "early indiscretions" or something of the kind. But a cruel limb of the law from Toledo came to take him back there to answer to the charge of circulating obscene literature. All of which is duly set forth with big headlines in a Wheeling newspaper, under the title of "A Quest for a Quack." But it all shows a healthy public sentiment, which the Illinois State Board has done so much to cultivate.

M. Gauron in some nearly impassable strictures by means of a funnel, a yard of rubber tubing and an elastic catheter, with hot water, succeeds in getting a sound into the bladder (Canada Pract.). The implements being joined together and filled with hot water, the patient lying in bed, and the funnel raised about a yard above the mattress, the oiled catheter is passed as far as the seat of the stricture. The penis is lightly compressed in order to prevent regurgitation of the water, and the sound held in contact with the stricture. Hot water is poured into the funnel, and the column of liquid is maintained to press upon the stricture for three-quarters of an hour. When withdrawing the sound leave the urethra full of water, then immediately endeavor to pass an ordinary sound. In most cases it will pass at once, and may be left.

A Crusade against the cigarette has been started among the children of the public schools of Philadelphia. (Sanitarian.) One of the principals has called the attention of the Board of Education to the subject, in which he says that, of the 50,000 pupils in the public schools of the city, a large proportion use tobacco in various forms; and that the habit has increased to an alarming extent since the cigarette was instituted. A short statement of the physical and mental disorders produced in children by the use of tobacco has been printed and posted on the inside of the cover of every text-book used in one school. The association of male principals has approved his letter to the board, and an energetic campaign on that line is the expected result.

M. Bechamp was astonished to hear a savant like M. Bouley declare that in his opinion man and animals differ neither histologically nor physiologically, that there is only one physiology, and consequently only one pathology (L'Un. Méd., Canada Pract.) Nothing is more inexact than this proposition. If we take, says M. Béchamp, the product of the same gland, the parotid, and look at it in man, the dog, and the cow, it will be seen that the saliva from the human parotid, in contact with starch, possesses the power to turn the starch into sugar; the saliva from the paro-

tid of the dog and of the cow has no such power. Thus in spite of the morphological identity of the organ the physiological action is entirely different. It is the same with the pancreas called the salivary gland of the abdomen. On the other hand, from researches recently made by M. Béchamp, it results that two glands anatomically and histologically different, such as the mammary and the parotid, possess the same sugar-forming power upon starch. He has recognized that in the milk from the mammary gland of the woman there exists a zyma which exercises upon starch a sugar-forming power, just as active as that of the parotid saliva. The milk of the sheep and of the cow do not possess this saccharifying property peculiar to human milk. According to M. Béchamp the last term of organic activity is the microzyme. He has cultivated the microzymes of the organism and has seen them evolve into bacteria. The microzymes of the healthy organism—say of the pancreas—may have an action as deleterious as the most virulent poison. It is therefore utterly impossible to draw conclusions from animals to man, either of a physiological or pathological character.

At L'Hôpital des Enfants Assistés in Paris, where many of the waifs and foundlings of the city are cared for, a unique feature has been introduced by M. Parrot, consisting of a nursing service for syphilitic infants. The nurslings draw their nourishment directly from the teats of the ass, to which they are presented five times during the day, and three times at night. They thrive under this treatment, and seventy per cent. live, while almost all formerly died when fed from the bottle. (Boston Med. Jour.) After all why should they not thrive. Would they not have been nursing asses' milk if they had been imbibing from the maternal mamma?

In Closing a Lecture before the Miami Valley Medical Association on the subject "The Medical Profession and the Public—Will they ever understand each other?" Dr. R. B. Davy asks (Cincinatti Lancet and Clinic): Will the profession ever understand the public? Not while the honest toiler in medicine is ignored, abused, or driven away to make room for the impudent nondescript; not while our best and most representative physicians are liable to be sued for malpractice; not while unavoidable accidents in diagnosis, prognosis, etc., are converted into the blackest evils by slanderous tongues; nor while the very means which enhance the curing of disease and saving of life are persecuted, opposed, and defeated by their prejudice and rashness. Will the public ever understand the medical profession? I fear not, so long as the boastful pretender will serve their purpose as well as the educated physician; nor until blind faith shall give place to scepticism, and scepticism enforce investigation.

A Sanitary Convention will be held at Muskegon, Michigan, under the auspices of the State Board of Health, on Thursday and Friday, August 23rd and 24th, 1883. The objects of the convention are the presentation of facts, the comparison of views, and the discussion of methods relating to the prevention of sickness. At each session of the convention there will be addresses or papers on subjects of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated. Reduced fare on railroads may be obtained by applying to the secretary of the convention, C. P. Donelson, M.D., Muskegon, Michigan, for certificates.

R. Rumpe (Arch. f. Gynak xx.i) on parturition in old primipara places the turning point at the thirtieth year. The labors of old primipara are unfavorable for two reasons: inefficient labor pains and rigidity of the soft parts. There is a greater frequency of perineal lacerations. There is no increase of abnormal presentations. The weight of the children exceed the average, and the proportion of males to females 121:100.

A Correspondent of the Lancet states that the milk of drunken women contains enough alcohol to burn.

CONTRIBUTIONS.

ADDRESS IN OBSTETRICS AND DISEASES OF WOMEN.

BY DR. J. K. BARTLETT, OF WISCONSIN.

[Chairman of Section. Read before the American Medical Association.]

[CONTINUED FROM LAST ISSUE.]

FORCEPS.

A few words upon a subject not novel—the frequency of forceps' use now taught, and the existing tendency to the abuse of this valuable aid to the obstetrician. For many years past much thought and labor have been expended upon this instrument. A majority of teachers, and some who are not, have introduced new forms and variations, each claiming some superior quality. Much of this has been undoubtedly due to the increased knowledge of the rationale of labor, but the pendulum appears to the writer to have swung too far in this direction. One of the latest additions is the invention to which Dr. Alex. Duke called the attention of the Obstetrical Society of Dublin last year. It consists of tractors, which are applied with the forceps blades, and before they are locked. These can be attached to a belt about the waist of the operator, and with toe caps upon his shoes to prevent slipping, the inventor claims an immense gain of power for shortening labor. He considers there is more chance for the child and less risk to the soft parts of the mother, by pulling the head forcibly through the pelvis than if allowed to remain and mould itself to the outlet. We shall probably next hear of a small electro motor of one horse-power, so arranged as to do the pulling, and save the operator as well as the mother any exertion.

The contest between the advocates of a judicious use of forceps and those who employ them with unwarranted frequency has been going on in Great Britian for some years. Arguments for the latter course have been based upon statistics, claimed to show a considerable gain to maternal and a large one to fœtal life from this practice. Statistics possess valuable elastic qualities. Four years ago this evidence was examined and reported upon by the writer, with widely different conclusions. Others have drawn the same. Dr. Galabin, from statistics of over 40,000 cases, proved that the maternal mortality, when the forceps was used once in ten or twelve cases, was nearly double that which occurred when they were seldom used, while the gain to infant life was 0.4 per cent.

While this is being written, an address of Dr. Denham, presiding officer of the Obstetric Section of the Academy of Medicine in Ireland, has appeared. In this he cites statistics of the Rotunda Hospital at Dublin, taken from the reports of Drs. Collins, Shackleton, and the more recent ones of Dr. George Johnston, amounting in all over 39,000 cases. Commenting upon the figures, he says: "It is patent that by the more frequent use of forceps in modern obstetrics much has been done for the relief, without adding to the danger of labor." This is a most singular deduction, as the figures clearly show that Dr. Collins, who used forceps in 1.6 per 1,000 women, lost 9.99 per 1,000; Dr. Shackleton, who used them in 14.5 per 1,000, lost 11.8 per 1,000; while Dr. Johnston, using forceps in 82.4 per 1,000, lost 18.9 per 1,000, the maternal mortality being almost double that of Dr. Collins in about eighty times the number of forceps cases, nothing is said of the fœtal life. No one can have a higher estimate of the value of this instrument, when really needed and skillfully employed than the writer; but have we not gone far beyond this and all rational limits, in instrumental obstetrics? The tendency of present teaching and practice is to send forth young men who are not, and cannot be skilled in forceps use, with the conviction strongly fixed, that if there be some delay in the second stage of labor, forceps is the immediate remedy.

Dr. Hamilton, of Falkirk, formulated a general rule that the second stage of labor should not be allowed to last usually much more, and sometimes even much less, than two hours; and similar opinions obtain with us. Five years ago the writer heard expressions from members of a society which should be, and is, regarded as of the highest authority, which were so extremely radical as to excite great surprise. It was claimed by one, that if there was a cessation of advance by the head for fifteen minutes during the second stage, forceps should at once be used. Another stated that after waiting a time for nature, even if he knew that in two or three hours more the labor could be successfully completed by her efforts, rather than subject the woman to this additional pain, it was the duty of the accoucheur to apply the instrument and deliver at once. There were, however, present those older and of wiser counsel who differed much from these opinions, and suggested that the tone of the discussion needed modification.

Rules specifying any time beyond which the application of forceps should not be delayed, appear to be made rather for the benefit of the doctor than that of the patient. Time is a very unsafe guide when the interest of mother and child only are concerned. Natural labors are often eight, ten or more hours in the second stage, and terminate in all respects successfully for mother and child. Nature requires time, especially in primiparæ, to mould the head to the pelvic outlet, and at intervals progress is hardly perceptible. The cause of retardation and the maternal condition are the considera

tions which should influence interference. If impaction is positively shown, forceps; if retardation is due to loss of nervous power in the mother, quinine; if to insufficient uterine effort, ergot, discreetly and properly used. But the fashionable usage of the day calls for forceps, whatever the cause of delay. The young physician thus taught will never dare to wait sufficiently long to know what nature can accomplish, because of the vivid picture of impaction, sloughing, death of child, etc., which will rise before his excited fancy. It will be long, if ever, before he learns that such dangers are very much overstated, as my own experience and that of thousands who commenced their work before this forceps craze became rife can testify. A knowledge of healthy action is necessary to, and must precede an understanding of pathological conditions. He who has never ascertained what nature's forces can accomplish in labor, cannot compare the results of this physiological process with those produced by his own interference, and consequently never will realize that what has been done artificially by his so-called, and often miscalled aid, might have been better and more safely accomplished without it. There is no call for assistance in the performance of any physiological function, until from some derangement it becomes pathological. Pathology has been said to be the shady side of physiology. In those who live always in darkness, the eye is blind in the light.

An able editorial appeared in the London Lancet a few months since, deploring the want of means of instruction in practical midwifery, and urging the necessity of providing increased facilties for this purpose. The writer remarks: "A knowledge of how to use instruments is no more, or even less important than the knowledge of when to use them, and the latter is more difficult of acquisition than the former;" and again: "Otherwise students go forth with instructions to use forceps when labor is delayed, or at least when it ceases to progress, and great injury, both to patients and doctor, is the result of their ignorance of both the above items."

These words are hopeful indications, since they evince a partial comprehension of the mischievous results which attend the use of forceps in unskilled hands.

What motive can even the expert in their use have to apply the instrument when he thinks labor will be safely ended in two or three hours without. Anæsthesia offers relief from pain, without danger, and there certainly is more tendency to after hemorrhage from hastening labor by the instrument.

What is the real reason for thus interfering? Can it be economy of time for other engagements? This motive would not be generally avowed by those who thus act, but it is, at times, openly acknowledged.

Six years ago Dr. West, in his presidential address to the Obstetrical Society of London, used the following language: "There is one point on which I think it impossible to insist too strongly—instruments are to be used and operations resorted to for the sake of the patient and the child, never for the sake of the doctor; and yet I have in years gone by heard men say 'I could not wait any longer; I had this, or that, to do, so I put on the forceps and got the case over.' "

To-day, in a recent journal, the writer chanced upon the following statement, from one well-known in the profession: Speaking of a case of labor, he says: "As the head rapidly neared its exit, and a few more pains would have expelled it"—suffice it to say he applied the forceps in order to shorten labor by one-half hour, to be in time for another engagement. This gentleman knew that in his hands the instrument would do no harm, but he also knew that it was unnecessary, and the motive for its use an improper one.

It must be remembered that those who are experts in forceps use are very few when compared with the numbers who practice obstetrics. If this is the rule for the expert, it will certainly be the practice of the non-expert, and at a cost to female humanity such as elicited the strong language of Dr. Goodell, when he says: "To tell you the truth such grave lesions to the mother, and for that matter to the child also, are so constantly brought to my attention that I am disposed to accept Baudelocque's dictum, that take it for all, the forceps has been more injurious than useful to society."

Even if used, as probably it mostly is, really and only for the sake of relieving the mother from some hours more suffering, such relief is often dearly bought, and the attendant, if competent for his duty, has or should have, a power in anæsthesia not only to relieve pain, quiet complaint, and sustain the patient, but one which will subdue any spasmodic or irregular action, assist in perineal dilatation, and contribute to make delivery safer if not more speedy.

Within a few years the writer has found it necessary at different times to leave two primiparæ just before labor, in charge of different brother practitioners. They had both been trained in the recent practice, and considered themselves fully competent to use foreeps. The women were healthy and well proportioned, and the writer feels assured could have safely delivered naturally, after a somewhat tedious first labor. Forceps were used in both cases. One had a severe double cervical laceration extending to the vaginal junction, the other a perineal rent extending into the rectum, neither of which accidents, of sufficient importance to attract attention, ever occurred in the writer's obstetric practice of over forty years.

In view of such facts, and with the knowledge that they are of daily occurrence, how can one who has delivered many hundreds of women with but sparing use of forceps, and results for mother and child which will compare well with those which any frequent forceps advocate can show, how can such an one avoid a protest against this fashion of the time, in the name and for the sake of the mothers, as well as for the ultimate repute of a useful, but now much misused instrument.

The author is fully aware that in the expression of these views he is attempting to stem a current both deep and strong, but the records of past experience teach that the time may, and probably will come, when its river bed may be comparatively dry, and nature again be able to reassert and maintain her part in the process by which our race is con tinued.

ERGOT AND ANÆSTHESIA IN LABOR.

The object in noticing this subject is to suggest a reason for the wide difference in opinion which exists with regard to its usefulness in obstetrics. The statement has been not infrequently made that ergot should never be used during actual labor, because it produces tetanus and permanent contractions, which are dangerous to both mother and child. The effects of any medicine vary exceedingly, in accordance with the genuineness of the article, the dose given, and its mode and frequency of administration.

In this country fluid, and semi-solid extracts, have been thought reliable. The object to be attained by its use in the second stage of labor is merely a sufficient additional impetus to render feeble and inefficient uterine contraction more regular and effective. The object when used, as it constantly is, to check post partum hemorrhage, or as a preventive to its occurrence, is to secure full and permanent contraction. If the same doses are used for the former purpose as for the latter, is there any cause for wonder that effects result such as have led Dr. Barnes to say: "When you have given ergot, you are likely to be in the position of Frankenstein, you have evoked a power which you cannot control. Ergotism, like strychnism, will run its course." Would Dr. Barnes hesitate to use strychnine as a nervous tonic, from the fear that strychnism, as he terms it, would follow?

The dose of ergot necessary for securing contraction after delivery is not so important, provided enough is given. In employing it for the widely different purposes of strengthening insufficient uterine contraction during the second stage of labor, there is evidence of a general ignorance or carelessness as to dose and repetition. Very little has come under the notice of the writer in which reference was made to properly small and repeated doses. Leishman advises an infusion of sixty grains to six ounces of water, one-fourth to be given every ten or fifteen minutes until distinct increase of action is manifested. This is about twice the needed dose, and repeated much too often.

Playfair says fifteen to twenty grains of the pow dered ergot mixed with water, or the fluid extract in doses of twenty to thirty minims will make uterine contraction more efficient in fifteen minutes, and says nothing of repetition. He does, however, remark: "Perhaps, as has been suggested, the administration of the fluid extract—five to ten minims every ten minutes until energetic action sets in—would remedy some of its risks."

Dr. Lusk advises entire abstinence from its use, unless as a prophylactic against post partum hemorrhage. One paper only has come to the notice of the writer in which smaller doses are advised from practical experience. This is from Dr. W. H. De Camp, who declares his conviction that ergot can be safely and beneficially given for the purpose named, provided the dose is properly regulated. He states that ten to fifteen drops of the fluid extract will always excite uterine contraction, and that it must not be pushed too far, or tonic contractions may result.

The writer administered this drug for many years, in cases not very frequently seen, where the second stage of labor was retarded by insufficient contraction and no pelvic obstacle existed. He regards it as a valuable resource in such cases, and has never witnessed, in his own practice, the tetanic contractions attributed to it since he learned how to employ it. For this purpose an infusion of the freshly and coarsely powdered kernels, two grammes (about thirty grains), to eighty-five grammes of water, or about three ounces, has been the preparation used. Of this a tablespoonful was given every thirty minutes until some effect was apparent. In some cases this was obvious after one dose, in some two or three were required. In cases of nervous exhaustion on the part of the patient a full dose of quinine was also given.

It should be added that the writer, as a rule, makes use of anæsthetics in labor, save in some exceptional cases of feeble uterine action, and that where ergot was administered and the pains became efficient the anæsthetic was also used. How much modification of the effects of the former were produced by the latter agent he cannot positively determine, but is sure that they act well together.

Dr. Fordyce Barker, at the last American Gynæcological Society session, after enumerating the conditions in which ergot was inapplicable, stated that there were cases where it could be used with great advantage. He usually gave an anæsthetic and then full doses of ergot, and the result had

generally been that labor was speedily and successfully terminated.

In this connection it might be mentioned that Mr. Fancourt Barnes claims that nitrate of amyl possesses properties antagonistic to ergot, and states that three minims of this drug, added to one drachm of ether, and taken by inhalation, will act as a sedative and anæsthetic without producing loss of consciousness, and will also subdue the trismic contractions produced by full doses of ergot.

There is no doubt that this drug has been abused, and what valuable agent in the materia medica has not? That it has been given when entirely inappropriate, with only deleterious effects. There is no less doubt in the mind of the writer that the crusade against it has been due, not entirely to its improper use, but to the fact that the fashion of ergot use has given place to the fashion of forceps use, in hastening labor. Forceps, however useful, do not take the place of ergot. The child may be speedily removed by the former, but the ergot must be given after to prevent the hemorrhage which insufficient uterine action is apt to induce.

ANÆSTHESIA.

The contrariety of views in regard to the usefulness of aæsthesia for the relief of pain in labor, also appears to the writer only explainable upon the supposition that it has been improperly and injudiciously used by those who oppose it. This has been before the profession between thirty and forty years, and during this whole time, and to-day, many obstetricians of eminence constantly employ it as safe, serviceable, and entirely beneficial, while others denounce it as inducing post partum hemorrhage, and various other evil effects, both upon mother and child.

The writer has previously recorded the favorable results of his own experience in its use since 1847, and can here only attempt briefly to show how such diverse opinions may be and probably are the result of faulty administration.

Mr. Coates, in a recent article upon the true method of inducing surgical anæsthesia safely, by the use of small quantities, repeated as often as needed to produce the desired effect, uses an illustration which is even more applicable to its obstetric use. He says, "the educated practitioner, who has made up his mind to give one grain of opium every hour, or twenty grains of chloral every four hours, for twenty-four hours, would hardly think it the same thing to give the twelve or sixty grains at once. There are three stages of anæsthetic effects which may be produced: First—the lessening or annulling of sensibility to pain; second—by increased dose, the abolition of intelligence; third—the abolition of mobility. The method and object of anæsthesia in surgery and labor differ very widely. In the former it is generally carried to the second if not to the third stage of effect before the pain is inflicted. For the latter it is rarely necessary to produce much more than its first effect, and this is produced "pari passu" with the pain. A little experience will soon teach the physician how to arrest its effect at this stage, or at least before the second is fully attained, and to vary the amount as may be required by different degrees of pain.

Care in administration as to quantity employed, and length of time and regularity of inhalation, is the whole secret of successful use. As a rule it should not be regularly given until the beginning of the second stage of labor, although where progress at an earlier period seems delayed by rigidity of the os, the inhalation of ether in small quantity will quiet irregular contractions, and effect a more rapid cervical expansion. After the second stage of labor is reached, inhalation should be allowed only with each pain, commencing when uterine contraction is first felt to be returning, by a finger in the vagina, or by the sensations of the patient, with full inspirations for a minute or two, until uterine contraction has reached its climax. The inhaler is then at once to be removed, and not again used until the pain again recurs. When little experienced in its use, the writer sometimes allowed inhalation to relieve feelings of discomfort or alleged pain during the intervals of uterine contraction. This resulted in irregularity of recurrence, and disturbance. He can clearly see that where the rule of administration just given is not mainly adhered to, disappointment as to general results might ensue. Not only should the time of administration exactly correspond with that of the commencing and augmenting pain, but as the labor progresses, and pain increases in severity, the dose should correspond.

There is no proof which the writer has ever seen that used in such manner anæsthesia produces, or tends to produce, post partum hemorrhages.

Dr. Barker spoke very positively upon this subject when he said, last fall, that he had used chloroform in several thousand cases and had not had post partum hemorrhage but in one instance. He always, however, gives ergot after placental expulsion, to promote uterine involution.

It has been said to narcotize the child and lessen the favorable convalescence of the mother. The writer has seen no evidence that this is true. Where it has been used most fully and freely, the children have cried vigorously immediately after birth, and as to the mothers, the conviction was strongly forced upon him that convalescence was more rapid and perfect under its use, when compared with the previous results of six years with-

out it. We all know how pain exhausts nervous power; this is avoided.

In conclusion, if anæsthesia ever produces post partum hemorrhage, injury to the child, or other than beneficial results, experience tells us that it must be due to the impurity of the anæsthetic employed, or to the want of that experience and discretion in its use, which is necessary not only here, but in all therapeutic measures which we employ for the relief of human suffering.

[TO BE CONTINUED.]

A CASE OF CARBOLIC ACID POISONING.

BY F. TALIAFERRO, M. D., CHICAGO, ILLS.

R. W., aged 19 years, single, 8½ months pregnant, with suicidal intent, took May 23, '83, at 4:30 P. M., one and a half ounces of a 95 per cent. solution of carbolic acid. I saw her from twenty to thirty minutes later and found her insensible, unable to swallow, respirations intermittent and stertorus, pupils contracted and insensible to light, pulse 140. Having my stomach tube with me, I introduced it and filled stomach with warm water, which when withdrawn was strong enough to burn the back of my hand. Repeated the filling and emptying of the stomach six times until the water returned almost odorless. As the stomach seemed to contain some indigested remnants of her dinner, I introduced twenty grains of sulphate of zinc and filled it with water, and withdrew tube, helping to produce emesis, but failed; afterwards reintroduced tube and withdrew sulphate of zinc and washed out the stomach again. In the meantime the lungs became very much congested and loaded with mucus, the respiratory sounds disguising those of heart, while the wrist-pulse beats were feeble and irregular. Extremities cold. Ordered hot iron to feet and gave stimulant enema of brandy and water. Left at 6 P. M. with direction to continue the enemata, and if she became able to swallow to give her some sweet oil and some milk. Saw her again at 8 P. M., the only perceptible change being a more flushed face and an ability to move the eyeballs. Ordered enemata continued. At 9:30 P. M. word was sent that she was groaning a little. At 10:15 P. M. I saw her again and found her restless and groaning loudly at times, which caused me to suspect labor, but examination per vaginam and by abdominal palpation revealed no contraction of the womb, and she could now swallow with difficulty. Still unconscious. Gave ¼ grain of morphine hypodermically and ordered powders of morphine, bismuth and ingluvin, of which during the night she took one for pain. May 24, found her conscious, having become so about 11 P. M. of day before, unable to speak above a whisper, pain from throat to stomach, frequent stools, which were said to be bloody, possibly from uterine discharges. Ordered milk and lime water and powders when necessary.

May 25, 9 A. M.—Pulse 130. Temperature 100. Not complaining of much soreness. 3:30 P. M., she miscarried, not having had more than three or four pains. 4 P. M., I found her with face flushed. Pulse 160. Temperature 103. Respiration 50. Anticipated severe inflammatory sequellæ, though there was no pain over abdomen.

May 26.—Pulse 114. Temperature 101. Respiration 30. Tongue cleaning off, spitting and coughing up pieces of cauterized mucous membrane that had become detached.

May 27.—Pulse 100. Temperature 101. General condition improving.

May 29.—Pulse 100. Temperature 100⅔. Voice beginning to return. Passing shreds of tissue by the bowels.

May 31.—Had several slight chills in afternoon, followed by sweats and a feeling of weakness, and eructations of a hot, bitter gas, and of bitter, colorless fluid. Has considerable pain in swallowing about the usual seat of stricture of the œsophagus, which is about the level of the bifurcation of the trachea. Gave one powder, which relieved stomach symptoms, and a five-grain suppository of sulphate of cinchonidia every six hours, and nourishing enemata.

June 1.—Feeling better. Had no further trouble.

June 26.—Patient entirely recovered. Taste and digestion unimpaired and bowels regular.

I made no post-mortem examination of child, except of external surface. Appearance healthy, with the exception of blisters in all parts of the body, but particularly conspicuous on heels and buttocks, which were nearest to stomach of mother. The underlying true skin at blistered places was very much congested and of a bright red color; the mucous surfaces of lips were likewise as red as crimson.

I would call attention to this case for several reasons. The necessity for treatment even though the poison had been sometime in the stomach, the inefficiency of emetics even were they indicated, and the use of the stomach tube, which I think is preferable to the stomach pump and the ordinary rubber tube. It is cheap, easy of introduction, and one with a funnel-shaped upper end readily filled. The principle of action is, of course, that of the syphon, water having to be poured in until the stomach is filled and then the patient turned over on his side and the contents allowed to run out. It is applicable to all cases of poisoning where the stomach has to be emptied or where there is inability to swallow, and it is an instrument which should be in every physician's office.

*RECENT SCIENTIFIC ACQUIREMENTS IN REGARD TO THE ETIOLOGY AND PROPHYLAXIS OF CHOLERA.**

BY M. A. FARWELL.

The author begins by reaffirming the position he he held last year in a paper on "Quarantines at Suez," by bringing forward new facts showing the efficaciousness of prophylactic measures against the importation of cholera in Europe.

Two new circumstances occurred in 1882 to confirm this. The first had reference to the importation into Egypt of Indian troops to take part in the English expedition. There was the more fear that these troops might bring cholera with them, because the English authorities held, despite what we have learned by experience, that importation was not to be feared when cholera is not epidemic in the localities where it is endemic.

Happily, at a period of so much interest as that when it was of the highest importance to avoid introducing cholera into Egypt, at the time of its expedition, the English government did not hesitate to discard the imaginary doctrine held in India, and, on account of commercial reasons purely, had the severest prophylactic measures employed, thanks to which the troops arrived in Egypt entirely exempt of cholera. The English army in Egypt escaped the disease entirely.

The second circumstance is a counterpart of the first. A few weeks later, a vessel loaded with pilgrims from Bombay had cholera aboard in its voyage to Aden. Sent to quarantine in an island of the Red Sea, the cholera assumed the proportions of an epidemic; other ships from the same locality went directly to Djeddah, landed their passengers there, and soon after the cholera appeared among the pilgrims at the time they gathered for the feasts of the Courban-Bairam.

The immediate application of quarantine measures —such as practiced the preceding year on pilgrims coming back to Egypt by sea, had the same success. Cholera rapidly disappeared and Egypt was entirely untouched.

These facts are very significant, and the first one shows how little the English government considers the Indian commercial doctrines, when it has a greater interest not to regard them.

The recent scientific acquirements concerning the etiology and prophylaxis of cholera bear almost exclusively upon certain questions of immunity which the conferences of Constantinople and of Vienna had pointed out without being able to furnish a solution.

The researches of the author have established three things in this respect:

1. General immunity enjoyed by the natives in the parts of India where cholera is endemic.

2. Relative immunity observed among the population of Hedjaz when cholera is prevalent among the pilgrims.

3. Temporary immunity and more or less complete which, in all countries, follows an epidemic of cholera in some locality or other.

To these three principal facts we have secondary consequences appertaining, the most important of which is that a grave epidemic of cholera is only developed where the disease is not endemic, and becomes in some measure a criterion of the latter.

General immunity, but not absolute, of the natives in the endemic starting points of cholera is proven by English statistics published for an entirely different purpose; whilst the predisposition of strangers to the disease is in proportion to their sufferings and physiological misery. Such is the case with pilgrims from Mecca, who come from all parts of India to embark at Bombay.

This law, applicable to cholera, is equally so to the permanent habitats of yellow fever, in which the natives almost entirely escape the disease, which on the other hand, finds numerous victims among the non-acclimatized strangers and among the crews of ships who remain in ports where it is endemic.

From these centers yellow fever, like cholera, may propagate itself to a distance under the form of grave epidemics. Instances of this kind are numerous. It is probable that the same law is applicable to the centers of the plague, which are situated in Persia.

In our country typhoid fever, or dothinenteritis, seems to follow the same law. In Paris, for example, where it is endemic, the natives generally escape the disease, whereas strangers are its principal victims.

The second fact is placed beyond doubt by the examples taken from epidemics which have reigned in Hedjaz, where cholera is not endemic, but where it may be spread outside under the form of disastrous epidemics by pilgrims.

As to the third fact relative to the temporary immunity which always follows an epidemic of cholera in any locality, it had been hinted at by the author at the time of the Crimean war, and characteristic examples are mentioned to the point.

Although this immunity is well marked in Europe, it is impossible to determine its duration. In extra-European countries, where the population is less mobile, as in India, for example, we can, from English documents, assign to this immunity a duration of six to ten years in those parts in which cholera is not endemic.

As a consequence of this law, it may be feared

* France Médicale, June 16, '83.

that Europe, entirely free from cholera since 1873, is no longer protected by the immunity of which we are speaking; and Egypt is still more in danger from the fact that cholera has not visited it since 1865.

From this the necessity of redoubling all efforts to resist an invasion of the disease is evident. And yet we are perhaps upon the eve of seeing our preservative measures suppressed by the influence of the commercial interests of England, which are today of the greatest power in Egypt.

The facts supporting the claims made in the paper may be summed up in the following propositions:

1. The ports of India where cholera is endemic are never the scene of a great epidemic.

2. This fact is due to the general immunity enjoyed by the native population of these ports.

3. This immunity does not exist in endemic centers for those who are strangers and who are in a condition apt for contracting cholera. Such are particularly the Mussulman pilgrims who come to Bombay to embark for Mecca.

4. The epidemics of cholera, which develop in parts of India where the disease is not endemic, owe their origin to endemic centers and are propagated by Hindoo pilgrimages.

5. The epidemics observed among the pilgrims to Mecca have for a starting point the endemic centers of cholera.

6. A grave epidemic of cholera confers upon the country or locality where it occurs a more or less complete immunity more or less durable, for which it is impossible to formulate the law for Europe, but which, in India, appears to have a duration of several years.

7. In Hedjaz and, in general, in the thinly peopled regions of Arabia, cholera has but a feeble tendency to propagate itself among the autochthonous population.

8. The very fact that a great epidemic of cholera occurs in any country is a proof that it is not endemic there.

9. The greater number of the propositions above are applicable to yellow fever, and also probably to the plague.

10. Everything leads us to comprehend in this category typhoid fever, otherwise known as dothinenteritis.

To sum up, the facts recently acquired by science are relative to the question of immunity, and illumine them from a quarter unknown until lately. The etiology and prophylaxis of cholera in particular can derive new indications from them.

These rules, besides, appear to be the expression of a law which embraces a particular class of pestilential diseases due to a contagium, and leaving behind them a more or less durable immunity.

Several of these propositions may be disputed, but, as they are based upon irrefutable facts, the author firmly believes that the future will confirm them.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Regular Meeting, July 2, 1883, Dr. W. D. Graham presiding.

The applications for membership of Drs. Wm. I. Gates and E. J. Doering were reported favorably by the Board of Censors, through Dr. G. C. Paoli, chairman. Drs. Gates and Doering were unanimously elected to membership. There were no new proposals for membership. The next order of business was a paper by Dr. Simon Strausser, entitled "How to make Medical Societies more Efficient." Dr. Strausser was of the opinion that on account of the smallness of the attendance had better be postponed the reading of the paper until the next regular meeting of this society, and that when we do adjourn we adjourn to meet in September. The society, however, was of a different opinon; accordingly the paper was read.

"How to make Medical Societies more Efficient." The life of a physician is one of great care and responsibility. He is cheated out of more than half his earnings by an unjust and ever exacting public. The author spoke of the evils attending the practice of medicine, and the abuses to which honest and honorable practitioners were subjected. He severely censured the common practice of counter prescribing, and the subterfuges resorted to by druggists to secure the physician's patronage. The spirit of rivalry and jealousy existing between brother practitioners was condemned in unmeasured terms. The humiliating aspect of upright (?) honorable (?) physicians using politics, political tactics to secure office, was held up to just ridicule—begetting, as the author notes, scorn and contempt for the profession in the estimation of the public. He deprecated the present management of the county hospital positions, these being nothing more than rewards for political services. The men holding these places were never chosen for their fitness. He called attention to the necessity for a lying-in hospital, and wards for venereal and syphilitic victims, and the lukewarmness and lack of zeal which characterized the profession in assisting the State Board of Health in executing the health laws of the state and city. Meat, poultry, vegetables offered for sale in our markets should have a more rigid and careful inspection at the hands of competent officers. The evils with which the paper dealt the author considered strictly within

the province of the medical societies to remedy, or at all events the societies should exert their legitimate influence to see that these evils were abolished. He considered it the duty of the profession to regulate the evil of prostitution, bv restricting the same to licensed houses. In conclusion the author urged upon the members of the society to exert their influence over individual members, to the end that they might be true to their patients, honest in their professional opinions, pure and moral in their conduct, and, above all, kind and sympathizing to the sick.

DISCUSSION.

DR. FENN.—I would like to ask the author of this paper if he will be kind enough to tell us what the topic of the paper is, as announced in the notices. It seems to me that the paper announced on the cards was something in regard to making medical societies more efficient. I would like to know what idea the author wishes to present; whether it is fault in the medical profession, fault in the societies, or fault in both. The paper is entirely too sweeping for general discussion, unless we can concentrate our thoughts upon some one topic.

DR. STAUSSER offered a few words of explanation, defending the points contained in his paper, and reasons for having his suggestions carried out. He suggested that a committee be appointed to revise and amend our present "Constitution and By-laws;" a committee on legislation to agitate these matters before the proper tribunals; to secure the enactment of laws, first, to regulate expert testimony. Dr. Strausser characterized the present method of procuring expert testimony as a shame and as a great evil. He advocated the appointment of medical experts by the state, whose opinion should be taken as authority. He favored, second, the establishment of some kind of an institution for the reception, treatment and cure of syphilitic patients; also a public lying-in hospital, for the benefit of the three or four hundred medical students who annually attend our medical colleges.

DR. G. C. PAOLI was of the opinion that the author of the article was a little out of humor. Many of the evils of which the doctor complains grew out of our system of government. It is not the province of a medical society to regulate the politics of a community. The management of the county hospital is under the control of the Cook county commissioners. The management is not what it should be, but it is a very difficult matter to reach the commissioners. We cannot argue the question of commisioners, unless we are politicians. The doctor is inclined to scold; if we take things coolly, calmly I think we can remedy the evils of which Dr. Strausser complains.

DR. STRAUSSER moved, that a committee of five be appointed, who should revise and amend, our present constitution and by-laws, and report the first meeting after adjournment.

The motion was opposed by Drs. Purdy and Graham, but finally prevailed. The chairman reserved the appointment of the committee until some time in the future. There being no further business, the society adjourned.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, June 14, Dr. Tyson, President, in the chair.

Kidneys and Heart from a case of Chronic Bright's Disease; extreme Uræmic Dyspnœa; marked Œdema; relief to both by acu-puncture; incipient Neuritis. By J. H. MUSSER, *M D.*

K. T., æt. thirty-five, admitted to University hospital, July 17, 1868. Single; a packer of goods; frequently exposed to draughts while in profuse perspiration; used tobacco to excess; once or twice a year he woud spree. At twenty-two he had a chancroid (?) with no secondary symptoms. Three times he had gonorrhœa. Always healthy prior to present illness; never had rheumatism.

The patient inherited a tendency to phthisis from both parents, and to rheumatism from his maternal grandmother. The onset of the present illness was observed two years ago by a sudden night attack of dyspnœa. The dyspnœa continued for nine weeks, worse at night and preventing work in the day time; œdema of the feet and frequent micturition accompanied the dyspnœa. He improved, to have a relapse in four weeks of a month's duration, followed again by temporary improvement and second relapse. From this latter he never rallied, œdema, cough, dyspnœa, frequent micturition and dyspeptic symptoms being constantly present. The cough was dry and attended by substernal pain; the œdema was general. When admitted to the hospital, under the care of Prof. Pepper, his condition was as above mentioned. During the July, August and September following the asthmatic attacks continued. In October they were relieved, but anasarca become more pronounced.

It may not be out of place to say that the dyspnœa was very severe and almost defied treatment. It presented the clinical characters of mæmic asthma, and was relieved only by inhalations of nitrite of amyl or hypodermic injections of morphia. The anasarca was very great, and not relieved by diuretics, diaphoretics or cathartics. In October acupuncture was resorted to with temporary relief to the lower extremities and scrotum; its good effects last five days only, but were so marked as to en-

courage one in its use. During the following three months the punctures were made about fifteen times, and after each operation about three pints of serum would drain away. The later part of December erysipelatous inflammation developed about the punctures on the right leg and extended over it. During the progress of the inflammation large bullæ would form, the bursting and continued free discharge of which caused an entire disappearance of the œdema of both legs. Relief was not only afforded by these operations to the œdema, but the attacks of asthma notably diminished in frequency and severity. January 8th, two or three weeks after the inflammation of the right leg, developed sloughing took place. The sloughing was confined to the calf of the leg, was deep and was attended with free serous discharge from the ulcers. In a few days a low, typhoid state set in, he rapidly lost strength, and on the 7th of February died of exhaustion.

When these notes were taken (Jan. 8), the remaining features of this case were as follows: He was emaciated and anæmic and his skin was harsh and dry, his countenance anxious. Appetite poor; flatulent dyspepsia marked; the bowels constipated; hemorrhoids; tympanitic abdomen; slightly enlarged liver; normal spleen.

At the apices of the lungs diminished expansion; flattening, impaired resonance and increased fremitus at the left; moist crackling and sub crepitant rales heard throughout the lungs. Apex beat of heart in sixth interspace one-fourth inch inside of nipple line, veins of right side of neck enlarged Cardiac impulse moderately strong. At apex a low-pitched systolic murmur; muscular element lessened. At base pulmonary second accentuated. The width of the cardiac area of dulness was increased one-half inch to the left and was not changed by full inspiration.

Urine contained albumen; amount varying, at times two-thirds then one-third bulk. Hyaline and numerous granular casts.

Ophthalmoscopic examination. Small discs. Myopia. O. D. disc dirty gray, veins tortuous. No marked change in the color of the nerve—outlines misty and it is slightly swollen. O. S. Disc same, but more marked. No hemorrhage in either eye. Diagnosed incipient neuritis.

Autopsy five hours after death. No rigor mortis; emaciated; commencing ecchymoses. Great fulness of the venous circulation.

Lungs:—Apices bound down by adhesions. Slight right hydro-thorax. Base of left lung post-adherent. At left apex three or four areas of catarrhal pneumonia.

Heart:—Weight, twenty-one ounces; left ventric wall hypertrophied; mitral valve insufficient, admitting almost three fingers, its cusps thickened; one leaflet of the aortic valve slightly diseased; left cavities increased in size. Aorta atheromatous, a large patch especially one-half inch from the valves.

Liver enlarged, hard, congested. Kidneys small, congested; capsules adherent, relation of cortical to medullary substance normal.

Microscopical examination:—Kidney showed decided interstitial nephritis with fatty degeneration of the tubular epithelium. Liver slightly cirrhotic and fatty. Muscular fibres of the heart slightly undergone fatty degeneration.

Aortic Valve Disease due to the combined action of strain and rheumatism; excessive dilated hypertrophy. By J. H. MUSSER, M.D.

Neither the habits, the hygienic surroundings, nor the social conditions of Mr. C. K., from whom these specimens were removed, had any relation to the cause of his illness. As a laborer in a rolling mill, his occupation might have had some predisposing influence on the localization of the disease—he being exposed to extremes of heat and obliged to do heavy lifting. The family history did not disclose hereditary disease. Withal in the past twenty years—at this noting he was aged forty-seven—he had had frequent attacks of inflammatory rheumatism and in 1875, four years previous to this account, he had an unusually severe attack of palpitation and indigestion, characterized by pain and vomiting. These symptoms increased in frequency and severity and were often attended by œdema of the legs. The last three years he was unable to work. Within the year he lost in flesh and strength, and had several attacks of pulmonary congestion.

I abstract the condition on admission to hospital December, 1879, from notes taken as registrar. Slightly emaciated; sallow complexion; anæmic appearance; countenance of suffering; dry skin; cold extremities; ankles œdematous; muscular weakness; tremor on exertion.

Marked prominence in lower part of chest and bulging of præcordia; sternum pushed forward, lower half especially, giving outer-pigeon appearance. Impulse marked in normal cardiac area and extending two inches to the left; epigastric pulsation; pulsation of veins of neck, apex beat in 6th interspace one inch outside of nipple line. No hepatic pulsation. A line drawn diagonally from the second right costo-sternal articulation to the fourth rib one inch from right nipple line, and then vertically to the hepatic dulness, represents the right border of cardiac dulness. From the top of the third left rib, one inch from the sternum, a uni-

formly curved line, extending to the apex beat, shows the left limit. By joining these lines with horizontal ones the upper and lower borders are defined.

On auscultation at the aorta orifice a strong systolic murmur, transmitted to the vessels of the neck, and a rough diastolic murmur, transmitted to the base and along the sternum, is noted. At the xiphoid cartilage and at the apex systolic murmurs, differing in pitch, are heard, the latter also at the spine of the left scapula. Pulse small, feeble, compressible.

Cough and muco-purulent expectoration are complained of, and the physical signs of bronchial congestion are observed. The appetite is poor; pyrosis and flatulence distressing; bowels constipated. Urine slightly albuminous; no casts.

Subsequent course; with calomel and soda, and a liquid diet at first, followed by digitalis and quinia, the venous stases had disappeared and cardiac symptoms ameliorated within a month. After exposure to cold, internal venous congestions and œdema now supervened, and in five days, January 20, 1879, he died of pulmonary congestion.

At the autopsy the lungs, liver, spleen and kidneys were found characteristic of dilatation of the heart—congested and with increase of connective tissue in the latter three organs. The heart presented very interesting lesions. It was enormously enlarged, weighing thirty-two ounces. The right heart was dilated; the ventricle wall averaged one-eighth inch in thickness; the tricuspid orifice was insufficient and admitted four fingers. The left ventricle wall averaged one-half inch in thickness; the mitral valves were slightly thickened and a few opaque patches were seen. The aortic valves presented a remarkable appearance. Two of them were fused together and were rigid, projecting in the lumen of the orifice—the other valve also assisting in narrowing the calibre of the opening by rigidly jutting outwards. The lumen was scarcely more than a slit. The coronary arteries were not closed and were found at the bottom of pouches with calcareous walls. One one side the deposited calcareous matter of which the valves were composed extended under the endocardium, to the base of one of the mitral leaflets. Of course the valves were covered by endothelium.

It is of interest to note that the mitral valves comparatively escaped the inflammatory storms, while the aortic valves were so markedly affected, contrary to the usual rule. It is suggested that a chronic valvulitis, or at least hyperæmia, might have been started by the strains incident to his occupation, and hence the valves readily invited acute inflammatory processses, the present condition being a secondary degenerative result thereof.

CORRESPONDENCE.

HALL OF THE ST. LOUIS MEDICAL SOCIETY,
POLYTECHNIC BUILDING, 7TH & CHESTNUT STS.
June 23, 1883.

EDITORS WEEKLY MEDICAL REVIEW:

Please insert the following in your journal:

On June 23d, 1883, Dr. Atwood introduced the following, which was adopted by the St. Louis Medical Society, after some considerable discussion:

WHEREAS, At the recent session of the American Medical Association, a preamble and resolution were offered for the consideration of said Association, purporting to represent the sense of the St. Louis Medical Society upon the propriety of preparing a new code of ethics, or altering and changing the existing code in accordance with the presen relations of the profession; and

WHEREAS, In said preamble the assertion is made that, "the Code has accomplished all it was designed it should, but at present many of its features are obsolete and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and cannot be repressed much longer. * * * The time has come when the loud and very soon universal call will have to be heeded;" and

WHEREAS, The St. Louis Medical Society did not instruct, "That the Committee be authorized to prepare a code of ethics which in their view will meet the wishes of the profession, and submit the same to the meeting of 1884;" therefore,

Resolved, That the St. Louis Medical Society distinctly repudiates the statements contained in said preamble, and again expresses its fealty to the existing code of ethics as a time honored and most suitable fundamental law of the profession, and specially deprecates any action calculated to reflect upon its loyalty to those principles which have heretofore secured immunity from the machinations of schismatics within or enemies without.

A. H. OHMANN-DUMESNIL, M.D , Rec. Sec.

HYRTL, the anatomist, regards the "tartar" which collects on the teeth as the natural means intended for their preservation, the dentists to the contrary, notwithstanding.

IT IS related of a talented (?) physician of Cincinnati that the only trouble he ever experienced in the introduction of the catheter in the female was that it was so apt to hitch against the prostate gland. He is inventing an instrument to overcome the difficulty.

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 4. CHICAGO AND ST. LOUIS, JULY 28, 1883. TERMS: $3.00 A YEAR.

MR. LAWSON TAIT, of Birmingham, has attained such distinction in the field of abdominal surgery by means of his bold, original, and successful operations, that his peculiar views upon abdominal pathology are worthy of attention (Louisville Med. News). The doctrines which he enunciates in his recent Hasting's Essay on the Pathology and Treatment of Diseases of the Ovaries are indeed novel and important. The brilliant results which he claims are attested by living and restored patients and pathological specimens, so that the most incredulous must concede his right to a hearing. Probably the most novel and original features of his pathology and practice relate to the Fallopian tubes. Inflammation of the tubes plays an important part in his pathology. Destruction of the epithelium lining the tubes he regards as a frequent cause of sterility and tubal pregnancy. He denies that conception occurs as a rule before the ovum reaches the uterus, and claims that the ciliated lining being injured the ovum is thereby detained and developed in the tube. He regards occlusion of both ends of the tubes as the most serious lesion of these organs, which is characterized by intense pain during menstruation and metrorrhagia. He thus describes the physical signs of this condition: "Distinct fluctuation can often be felt, and their peculiar sausage-like shape has frequently enabled me to diagnose correctly the condition previous to the operation. No treatment whatever relieves these cases, save removal of the uterine appendages. Most of my cases had been in the hands of some of our most eminent specialists before they came to me, and an infinite variety of treatments, both by drug and operation, had been used fruitlessly. They had all been treated by pessaries, and many of them had had their cervical canals dilated and cut." The operation which he practices in these cases is that of removal of the uterine appendages by abdominal section. Entire ablation of both ovaries and both Fallopian tubes is performed. Mr. Tait declares that in these cases the evidences of severe pelvic inflammation are always to be found. The reader will observe that the operation is an extension of the operation of our distinguished countryman, Dr. Robert Battey, of Georgia, and is directed toward the relief of similar symptoms. Mr. Tait thus summarizes the results of his operations: "All my patients, twenty-two in number, have recovered, and of those in which a sufficient time has elapsed since the operation I can say confidently that they are all completely cured." So far as we are aware the operation has not been practiced by any other surgeon.

THE ENTHUSIASTIC RECEPTION of Professor Huxley at Cambridge, as the exponent of the doctrine of evolution, and the enthusiastic cheers with which the name of Darwin was greeted, is a notable circumstance in modern scientific and educational history. (British Medical Journal—Louisville Med. News) For the Rede Lecture, delivered on Monday in the Senate House by Professor Huxley, he chose as his subject "The Origin of the Existing Forms of Animal Life-Construction, or Evolution." There were at least one thousand one hundred persons present, and among them nearly all the University dignitaries in residence. A large number of ladies and undergraduates also attended. Prof. Huxley expounded and advocated the doctrine of evolution, illustrating his argument by diagrams of the pearly nautilus and the egg in their gradual process of development. The three

objections to evolution were, he said, (1) that it was impossible, (2) that it was immoral, and (3) that it was opposed to the argument of design. In answer, he argued that what was conceivable was possible, and that, further, there was proof of its being possible afforded in numberless instances every day. If it were immoral, what was true was immoral; and with regard to its being opposed to the argument of design, he quoted from the twenty-ninth chapter of Paley, in which he said he first became interested many years ago. His conviction of the truth of the doctrine of evolution was, he said, founded on the personal study of twenty years, having devoted all the time he could beg, borrow, and, he was afraid, steal from other vocations. On the proposal of the Chancellor, the Duke of Devonshire, a vote of thanks was accorded to the lecturer.

Dr. Geo. Hunter, Linlithgow, writes in the British Medical Journal: "An elderly gentleman, the subject of dysuria from prostatic enlargement, thought to aid the efforts of his bladder in its evacuation by insinuating the rounded head of his wife's veil-pin into the orifice of his urethra, and thereby opening up the passage. To his dismay, in its descent downwards, it slipped from his fingers, and the point of the pin disappeared from his sight. His attempts at removal only caused it to make its way further back, and soon a discharge of blood from the meatus, and urgent but ineffectual attempts to pass urine, alarmed him and induced him to send for me. On my arrival, I could just make out the head of the pin in the membraneous urethra in front of the prostate, and could feel the point anterior to the scrotum. To remove it, I fixed the head by pressing on it from behind forwards, and then impaled the urethra against it. By steady pressure and traction on the point as soon as it emerged from the under surface of the penis, the whole length of the pin was pulled through, only the head remaining in the urethra. The point was then depressed towards the perinæum, and by compressing the flaccid penis in its longitudinal axis, the round head of the pin was easily passed through the meatus, and the entire pin withdrawn. In its removal not a drop of blood was lost, and the puncture remaining was not more severe than that resulting from the use of the ordinary hypodermic needle. Beyond enjoining rest and quiet for the first twelve hours, nothing further was prescribed, and my patient was next day in his usual health."

In the July Number of the American Journal of the Medical Sciences, Dr. Edward T. Bruen discusses the effects of enlargement of the bronchial glands in producing reflex irritation of the pneumogastric nerve. The difficulty in the diagnosis of such cases consists in separating them from cases of early phthisis. One must rely mainly on the absence of the combination of physical signs required to render the presence of incipient phthisis certain. These are impaired percussion resonance, some form of bronchial breathing, possibly fine moist rales and increased vocal resonance. The last two physical signs are not present in cases of bronchial enlargement. Pain in the back and disturbance of the respiratory rhythm are not often present in phthisis. Hysteria, uterine, or spinal disorder may be eliminated by careful examination. Finally, the beneficial results of treatment may be appealed to to sustain the theory of the etiology of the cases.

At a Meeting of the New York Medical and Surgical Society, Dr. A. B. Ball related the following case of rupture of an intra-muscular vein of the leg from a strain: A woman sustained an injury while half dragging and half carrying her fainting daughter to a bed. She was not conscious of any special strain at the time, but on rising from bed several hours afterward, she found that she was quite lame in the right leg, and suffered some pain in the calf. This localized pain increased in severity during the day and night, and the leg became somewhat swollen. The pain then extended upward, reaching to about the origin of the sciatic nerve. When Dr.

Ball saw the patient the following day, he found a tumor as large as a hen's egg about three inches below the knee, at the junction of the inner with the posterior aspect of the leg. It was soft and very tender. On the posterior surface of the leg there was a spot of ecchymosis, of a yellowish color, of about the size of a twenty-five cent piece, which by the next day had extended down upon the foot. Dr. Ball supposed that the tumor was due to an extravasation of blood from a ruptured blood vessel, probably an intra-muscular vein, and that the pain, which had increased in severity, was due to pressure of the tumor upon the nerves. The tumor was now growing smaller, but the patient was still confined to bed. She had not had gout or varicose veins.

A Board of Commissionerr being charged with the duty, among others, of choosing a locality for a new State lunatic asylum in Indiana, it is said that they have addressed communications to various counties in the eastern part of the State, asking what "inducements" in the way of pecuniary contributions toward defraying the expense of building the asylum, they were willing to make. It is much to the credit of Fayette county that, as we learn, its people declined to enter into any such a competition.

According to the Closely Followed observations of six cases of acetonæmia in saccharine diabetes, Jaenicke (Deut.Arch.f.Klin. Med.) concludes that the presence of ethyldiacetic ether in the urine is the result of an exaggerated meat diet. (L'Un. Med.—Canad. Pract.) Thus the characteristic odor of the expiration, communicated by the acetone, coincided with the increase of meat in the regimen; twenty-four hours, forty-eight hours at the most after an alteration of the diet in this respect the reaction to the perchloride of iron appeared in the urine, it became less and less marked according as the meat diminished, disappearing forty-eight hours after the establishment of a mixed diet. Such is the absolute rule for all diabetics of low condition treated at the hospital. From day to day a nourishment almost exclusively animalized replaces the miserable vegetable flesh of the poor, whilst the cessation of all work restrains the combustion which it is necessary to encourage. The increase in the blood of nitrogenized excrementitious matters, and the gastro-intestinal troubles resulting from such a condition of things, eventuates in the production of that badly-determined and hypothetical body, Ethyldiacetic ether, of which acetone is a derivative. The researches of the author confirm absolutely the toxicity of this first body.

In the July Number of the American Journal of the Medical Sciences, Dr. Louis A. Duhring reports two cases of Paget's disease of the nipple, which he holds is not an eczema, but a peculiar disease with a malignant tendency. It must be distinguished from eczema, which it resembles, and from ordinary cancer, which it is altogether unlike in its earlier stages. It seems to occupy a ground having the characters of both diseases. The report is interesting as showing the natural history of the affection. This is peculiar. The course of the process is emphatically chronic. In both instances, moreover, the progress of the disease was insidious as well as slow. Nothing of a malignant nature was suspected until after the lapse of five and ten years respectively. The itching, which eventually became such a marked symptom, was in both cases insignificant until the affection had existed for several years. It may be said not to have manifested itself until after the process had been well established. In this respect the disease differs decidedly from eczema, where itching is one of the first signs noted. The circumscribed, sharply defined outline of the lesion, and the slightly elevated border, are also symptoms which do not obtain in eczema. The brilliant color of the lesion is striking, and is more marked than in eczema. The absence of the "eczematous surface," characterized by appreciable discharge or by vesicles, pustules, or puncta, coming and going from time to time; and the

absence of exacerbations, so usual in eczema, may also be referred to. A point to which attention may also be directed is the infiltration, which is firm or even hard, but is not deep-seated. It is rather superficial. In eczema, on the other hand, it is soft. The pains coming on later, in the course of the disease, and the indurated, lumpy, or knotted lesions within the gland structure, of course point strongly to the malignant or cancerous nature of the disease, the existence of which cannot be doubted.

The Following are Dr. C. B. Stemen's conclusions on trephining or resection in injuries of the spine (Fort Wayne Journal of Medical Sciences): "I think the operation a justifiable one, even though we benefit only a very small per cent. of our cases, and I should not hesitate to operate either immediately after the injury or as soon as the symptoms of active inflammation had subsided, but I am of the opinion that the earlier the operation is made the better will be the chances for the recovery of the patient and the success of the operation. The operation is a difficult one, and no surgeon should undertake it unless he has first made it on the cadaver. I may say that I have used in both cases the sulphate of atropia hypodermically and also the potassa bromide, and I think that by this mode of treatment I have prevented inflammation of the cord, as in neither case have we had any unfavorable symptoms after the operation."

On Bronchial Asthma (Deutsche Med. Zeit.) Dr. Berg, of Rimery, has observed under the microscope that the colorless, sharp, octahedral crystals found in the sputum of asthmatics, which according to Leyden are the mechanical cause of the asthmatic attacks, are dissolved by carbolic acid. He therefore recommends inhalation of a one per cent. solution of carbolic acid for ten minutes daily, in combination with tepid alkaline baths. Only in inveterate cases where organic changes, such as bronchietetasis or emphysema, had resulted did he fail to give permanent relief.

In the Deutsche M. Zeitung, Dr. Goedike draws attention to an important criterion in the treatment of diarrhœa where there is dullness on pressure in the left fossa iliaca. This is frequently found in recent cases (diarrhœa paradoxa). The patients are generally robust, have good appetite, but immediately after eating they suffer from persistent colic and tenesmus. The stools are thin, interspersed with more solid fragments, and offensive. The tongue is little or not at all coated, no fever, pulse small, often irregular, abdomen distended, not very painful on pressure, resistent. Dullness sometimes absolute, always relative. This condition of affairs is probably caused by unsuitable and an excess of food which even with a daily passage accumulates in the colon, impairing its tonus and peristalsis, and there undergoing decomposition which results in diarrhœa. The treatment consists of purgatives, especially ol. ricini, or irrigations. Opiates only when pain is severe. Diet should be easily digestible. In children the conditions are the same, only that here we oftener find fever with it. In infants also it occurs with well marked dullness in the fossa iliaca. In such cases we prefer to give calomel. Six doses of one-sixth grain each will be sufficient.

A Law Regulating the administration of anæsthetics is in the State of Ohio, to-wit: "Whoever uses upon another an anæsthetic, unless at its administration, and during the whole time the person is wholly or partly under the direct influence of it, there is present a third person competent to be a witness, shall be fined not more than twenty-five nor less than five dollars." This law was passed and went into effect April 3, 1876.

In Erysipelas Dr. A. Skibnevsky, of Moscow, has used injections of resorcin with good results. (Can. Pract.) From ten to twenty injections of the five per cent. solution were given, with the result of lessening very rapidly the fever and checking the progress of the disease.

Mr. John Ringwood says in the British Medical Journal: With reference to Dr. Sanctuary's letter, published in the Journal for May 19th, I had a case recently which fully confirms his statements, by the great relief that the inhalation gives in cases of uræmic asthma. I found J. F., a man aged 56 (who has suffered for some months from albuminuria and slight dropsy), pulseless, extremities cold, forehead covered with clammy perspiration, battling for breath, clutching the back of a chair, and in dread of instant death. I immediately broke one of Morson's capsules of nitrite of amyl, and applied it on wadding to his nostrils. The relief was instantaneons; the arterial spasm relaxed as if by magic, respiration became fuller at every breath, the pulse became perceptible, and the radial artery soon so dilated as to exhibit its usual fullness and tension. A calm expression of intense relief spread over the face, and with eager craving he buried his nostrils in the wadding, and explained that he was quite well now, and his chest free. There was not on this occasion, nor has there ever been, any angina pectoris. The heart is slightly hypertrophied, secondary to the albuminuria, which dates back to repeated attacks of nephritis, caused by exposure to great hardship. Half an honr after seeing this case, I saw P. M., a man aged sixty, who was suffering from severe dyspnœa, the result of chronic bronchitis, dilated right heart, and congested liver. His urine was free from albumen or sugar; he also was cold and nearly pulseless, battling for breath in a severe attack of cardiac asthma. His jugular veins were turgid and pulsating. I tried the same treatment as in the first case, but the inhalation gave but slight relief, and had, in this case, no effect on the arterial pulse, nor on the general circulation, as was well proved on my cupping him, and finding that, even with the assistance of the amyl, the blood would not flow. An heroic dose of digitalis, ergotine and ammonia, with a brisk purge, gave some relief. The contrasting results of the same treatment in these two cases were very instructive, both being similar in their rough symptoms. The uræmic asthma was at once relieved by the unlocking of the spasm dammed arteries in its case, while the cardiac asthma was in no way benefited by opening wider the lax and toneless capillaries in P. M.'s case.

We gave a brief notice of the new antipyretic Kairin in our issue of April 14th, and we see by the Deutsche Med. Zeitung that Dr. Guttman has recently made investigations with the drug at the hospital of Moabit, near Berlin. He made experiments with it in forty-two patients (with some repeatedly at different stages of the disease), viz., in eleven cases of pneumonia, ten of measles, nine phthisis, four of typhoid, two of scarlet fever, and one each of pleuritis, peritonitis, erysipelas, intermittent, febris recurrens and septicæmia. The experiments were only made where the temperature had risen above 102° F., and farther only at such times when a spontaneous fall could not have been expected during the next few hours, and finally, only after the course of the temperature had been watched, while no medicine was given. The experiments were generally made in the middle of the day, when the temperature of continuous fevers never falls spontaneously, but on the contrary rises. The temperature was taken every half hour. The Kairin was taken in wafers on account of its salty, bitter, alkaline taste. It may also be given dissolved in sweet wine. The experiments show that Kairin given in sufficiently large doses of 10-15 grains hourly will in three to four hours reduce any temperature in most cases (in many in at most five hours to the normal). No febrile disease resists it, even in febris recurrens it has been reduced in fifteen cases, at Danzig, down to the normal, while, as experience of old shows, quinine has no effect with it. The cases in which Kairin has been tried by Dr. Guttman in which little or no antipyretic action resulted were very few. The fall of temperatare after the use of Kairin was shown in the following way: In three-fourths of an hour after a dose of 15 gr. is given, the temperature begins to fall, but rises again to

the original height in one or one and a half hour unless another dose is given. If, however, an hourly dose of fifteen grains is given, the temperature falls continuously until it reaches the normal in four to five hours, varying with the original highth of the fever. The fall of temperature is in most cases accompanied by profuse perspiration, and always by a diminution of the pulse. It is well borne even by children, though the author has seen nausea and buzzing in the ears result in two cases. When the temperature has been depressed to the normal and the administration stopped the temperature rises generally in one and a half to two hours. The antipyretic action may be prolonged by administering hourly five-grain doses. The larger the doses and longer it has been given the more enduring are its effects, not lasting more than nine hours however. When the temperature rises again, the rise is often attended with chills or rigors, though not so often as with the old preparations; these chills may be obviated by depressing the temperature only partially. The chill is a sign of quickly rising temperatube, and cannot be prevented by giving a large dose of Kairin, as the temperature rises quicker than the Kairin can be made to act. It is necessary to state that the urine assumes a grayish black color after four or five doses similar to carbolic acid urine; the discoloration takes place twelve hours after the administration and persists twenty-four to thirty-six hours. The price of Kairin is still higher than that of quinine.

The Polyclinic is the name of a new medical journal just issued in Philadelphia, and published by P. Blakinston, Son & Co. It is conducted by the Faculty of the Philadelphia Polyclinic and College for Graduates in Medicine. If succeeding numbers shall equal the one before us in appearance and general merit, the success of the journal is assured.

Dr. Cantilena reports the favorable use of the hypodermic injection of one-third of a grain of muriate of pilocarpin (repeated in five hours) in a case of puerperal eclampsia.

At a Meeting of the Clinical Society of London, in April last, Dr. Southey reported the following case of tachetic symmetrical gangrene (Lancet): The patient was a child nine years of age—emaciated, with a dry skin, and in an excitable, semi-delirious state. The pulse was 148 and feeble; respiration, 32; temperature, 99° F. No cardiac, lung, nor other visceral disease. The extremities were cold, and the patient suffered from insomnia. The right index finger showed a spot of gangrene at its tip. After a few days, the thumb and second finger of the right hand became red, throbbed, then livid, and finally gangrenous. Later on, exactly similar spots appeared on the pinna of the right ear, on the extremity of the nose, and the tip of the middle finger of the right hand. A little later, "subcutaneous mottlings (tachettes)" appeared all over the trunk and limbs, and "developed into a raised rash, like urticaria tuberosa or erythema tuberculatum." The spots itched and became tender, but gradually subsided, leaving only pigment stains. Finally all the fingers and the thumb of the right hand became gangrenous and slowly separated; also the thumb, index and little finger of the left. Extreme prostration supervened with double broncho-pneumonia. A month later the child suffered from intermittent, true hæmatinuria. This disappeared, and the child finally recovered.

Prof. Ponfick, of Breslau, has lately made experiments on the common mushroom, from which it appears that all common mushrooms are poisonous, but that cooking deprives them in a greater or less degree of their poisonous qualities. The repeated washing with cold water which they usually undergo to clean them, takes away a portion of the poison, and boiling does the rest; but the water in which they have been boiled is highly poisonous, and should always be carefully disposed of. The water in which mushrooms had been boiled was far more poisonous than the raw mushrooms; while the mushrooms thus boiled could be taken without hurt by a dog to the amount of 10 per cent. of the weight

of the dog's body; 2 per cent. of his weight of raw mushrooms was found a fatal dose. Washing with cold water does not remove all the poison, so that mushrooms thus prepared were poisonous when taken in large quantities. Dried mushrooms are still dangerous for from twelve to twenty days, and also the water in which they have been boiled. They require to be dried for at least a whole month, and are really safe only after four months drying.

On the Question of the oxytocic action of quinine Mr. Hartigan writes as follows in the British Medical Journal: "In three different cases I have had on several occasions to discontinue the use of quinine, because it brought on 'labor pains,' though the doses used were small, varying from three to five grains. In one of these, during a previous pregnancy, another medical man used quinine, and discontinued it for a similar reason. All three were in fair general health, suffering only from slight malarious fever, and had never aborted. One case has come under my notice in which abortion took place, without apparent cause, after a ten-grain dose of quinine. The patient was the mother of several children, had not previously aborted, was in good health, and took the quinine to cure facial neuralgia. I know of another case of abortion occurring under similar circumstances after quinine. This action of the drug is known to the Chinese, who take it (I am told with success) for the purpose of producing abortion, following its use by copious draughts of hot tea. I have myself heard a Chinese 'amah' (i. e., female servant) recommend it. Quinine, certainly in some cases, increases the menstrual flow."

A Case of Cystotomy for the relief of subacute cystitis, is reported in the Lancet by Dr. George Elder. The patient, a woman seventy-two years of age, was admitted to the hospital December 12, 1882. She had been suffering for months from incontinence of urine with frequent desire to micturate, vesical tenesmus, dysuria, and constant burning hypogastric and vulvar pain. The vulva and contiguous skin were excoriated and the seat of intense pruritus. The urine was rather scanty; specific gravity 1018; offensively ammoniacal and depositing abundantly pus and ropy mucus. For more than two months all the ordinary medication, local and general, was tried, but while her distressed condition was relieved there was no permanent improvement of the urine. Her general health not improving, a vesico-vaginal fistula was produced, and a winged catheter attached to a long piece of rubber tubing inserted. The rest afforded the bladder by drainage, together with injections, first of a solution of hyposulphite of soda, and afterwards of dilute nitric acid with quinine internally and aciduated drinks freely, soon produced a change for the better. On April 25 the drainage tube was removed, and three days after the urine, which could be retained for two or three hours, was passed per urethram without discomfort and was clear, faintly acid, and deposited only a slight cloud of mucus. May 9, she left the hospital entirely cured of her bladder troubles, passing painlessly perfectly healthy urine.

The Usual Symptoms of floating kidney, as given by Dr. F. Duret (Lancet), are pain in the flank, loin or umbilical region, sometimes radiating and simulating renal or hepatic colic; or a sense of weight, sometimes even of pulsation, so that the condition is often the foundation of hysteria or hypochondriasis. Added to this, in many instances, there are digestive troubles, as flatulent dyspepsia and diarrhœa. The detection of the mobile tumor in the loin clears up many an obscure case, but Dr. Duret does not think the physical signs of resonance in the loin, with a manifest depression of that region as mentioned by most writers, are necessarily present. He divides the cases in which doubts have occurred as to diagnosis into three groups. In the one group there is no appreciable tumor, but the symptoms are marked; and such cases have been mistaken for colic—renal, hepatic and other—for neuralgia, lumbago, and even peritonitis, whilst hysteria has been a frequent diagnosis. In another group, where the signs

are more evident, malignant tumors have been diagnosed. In a third, where the tumor is unmistakable, cases have been confounded with cancer of the liver, distended gall-bladder, even cancer of the stomach, splenic, uterine and ovarian tumors—one case being actually subjected to ovariotomy. Dr. Duret's conclusions are that "renal ectopia" is comparatively rather common; its presumed rarity depending on the fact that it is often overlooked. Therefore the possibility of its presence should be always borne in mind, and in cases of doubt no radical measures should be undertaken, on the ground that primo non nocere.

From Il Morgagni we learn (Med. and Surg. Reporter) that Dr. D'Antona has performed with success the following operation on a woman: Seizing the prolapse with four Billroth's pincettes, and forming thus two cylinders of the rectal canal, he introduced one catgut suture in both cylinders and then into the margin of the anus. Another suture is passed through the middle part of one cylinder, carried through the Douglas sac, and the perirectal tissue, returning to the other cylinder. The patient is discharged, cured in fifteen days.

At a Meeting of the Clinical Society of London, in April last (Lancet, April 21, '83), Dr. Whipham reported two cases of typhoid fever which were preceded by scarlatinoid rashes. The evidences, both ante- and post mortem, of the disease, being enteric fever, were decided, but the question was raised as to whether the rashes were due to scarlet fever preceding the typhoid, or whether they were anomalous forms of eruption due to the latter disease. In the ensuing discussion, Dr. Mahomed remarked that he had seen rashes which he termed "roseolous" in the early stage of typhoid. He distinguished four kinds of rashes in typhoid fever, viz., "roseola, rose spots, taches bleuatres, and miliaria." Dr. Cavafy observed that the fact stated in connection with Whipham's cases—that the eruption had not been followed by desquamation—was not conclusive with regard to its being a case of scarlet fever, for he had seen free desquamation follow an erythematous eruption due to salicylate of sodium. Dr. Andrew Clark referred to the so-called "doctor's rash"—the erythematous eruption produced in nervous patients when stripped for examination—as showing the influence of the nervous system in producing such rashes."

There Exist two bruits de galop, the left or nephritic galop, and the right or gastro-hepatic galop. (Can. Pract.) The clinical distinction between these two bruits is made by their situation and the character of the pulse. The galop of the left heart has its maximum seat in a region limited on one side by the apex of the heart, on the other side by the left border of the sternum, and upwards by the second left intercostal space; further it coincides with a manifest accentuation of the diastolic bruit at the base af the heart at the second right intercostal space—that is, at the level of the aorta. The right galop has its seat of maximum intensity over the inferior portion of the sternum at the epigastrium and coincides with a very marked strengthening of the second sound at the second left intercostal space—that is, over the pulmonary artery. The pulse which accompanies the left galop is hard, full, incompressible in relation with the extreme intra-aortic tension—in the right galop the pulse is soft, feeble, depressible, the index of a feeble pressure in the arterial system.

A Druggist in Paris has been condemned to a week's imprisonment and 2,000 francs damages for repeated sales of morphine to a lady, amounting in seventeen months to 693 grammes. His customer at first presented the medical prescription, without which no poisonous drug can legally be supplied, and on her second purchase produced the same prescription, but after this she went constantly to the shop without bringing any prescription, and she is now in a lunatic asylum. The husband then took legal proceedings, and has recovered damages.

Dr. Domingos Freire, of Rio de Janeiro, has recently reported experiments (British Medical Journal, June 2) in which he has communicated yellow fever to fowls and guinea-pigs, primarily by injection of blood from the heart of a deceased patient, afterward by transmission from one animal to another, and also by confinement of a guinea-pig for five days over earth from the grave of a yellow-fever patient buried a year before. In consequence of his representations of the great peril created to public health by the inhumation of persons dead of yellow fever, the Minister of the Empire has, according to the Anglo-Brazilian Times, ordered the Director of Public Works to proceed to the erection of a furnace at Jurujuba, for the purpose of cremating the bodies of those who die there of yellow fever in the hospital, in whose neighborhood, in fact, yellow fever has now appeared among the loca population.

In a Paper on parasites and their effects upon the human system (Cincinnati Lancet and Clinic), Dr. George Sutton holds that they produce disease. 1. By producing poisonous compounds, as septicæmia, from decomposition of tissue. 2. By changing the composition of the blood, as seen in typhus fever, yellow fever, plague, etc. 3. By destruction of tissue, as in syphilis, cancer, etc. 4. By irritation of the nervous system, as convulsions arising from worms, etc. 5. By consumption of nutriment, consequently draining the vital forces from the system, as when twenty millions of trichina invade the human body. 6. By thrombns of the small arteries, as seen in anthrax, etc. 7. By local irritation producing local inflammation as we see in scabies, ringworms, etc.

The Medical Record of June 23 mentions the fact that Professor Chiari has been made professor of pathological anatomy at the University of Prague. In the columns of the Review we made note of this fact some ten months ago. Has the Record just heard the good news?

In 1881 Dr. Vetroff (Practitioner) painted with iodine the lumbar region of a patient in the prodromal stage of small-pox. The next day the part painted was found covered all over with variolous rash, while the rest of the body presented only two vesicles. Dr. Bojinski-Bojko also tried iodine painting in several cases in the prodromal stage, applying the iodine to the anterior surface of the thighs. In all the cases so treated the rash was limited to the regions painted and the course of the disease was extremely favorable. An attempt to substitute a sinapism for the iodine gave negative results.

Spinal Injury resulting from nerve-stretching is reported by Prof. Westphal (Deutsche Med. Zeit.) in a case previously affected with gray degeneration. A previously healthy man first noticed weakness in his lower extremities, which gradually in the course of four years assumed the characteristics of spastic paralysis, but combined with impairment of sensibility. The upper extremities remained free at first. Soon after his admission to the hospital the right crural nerve was effectually stretched. The result of the operation was contraction (flexion) of the lower extremities (while before they were extended), paralysis of the bladder and rectum, and severe decubitus. Two years after wards he had a transient paresis of the entire right side. Two years after this he died with continuous fever, erysipelas and extended decubitus. At the autopsy were found disseminated spots of gray degeneration in both hemispheres, in the optic nerve, in the left side of the bridge and medulla oblongata. The spinal cord was attenuated in its whole ex tent, and translucent gray degeneration especially marked in the cervical and upper par- of dorsal region; here the entire white substance was degenerated and also the anterior horns. In the lumbar region the cord was more consistent and not translucent; on the right side however appear spots of degeneration, which were considered to have been produced by the stretching of the right anterior crural nerve.

THE FUNCTION OF THE PANCREAS in fever has been the subject of investigation by Stolinknow (Practitioner). He considers that in fever the secretion of the gland is at first increased, then diminishes, and finally ceases altogether, probably from paralysis of the secreting nervous centers. The amount of ferment in the glands at first likewise increases, and afterwards diminishes, probably from its diminished production in consequence of the depression of the trophic nerves on the one hand and of pathological processes in the secreting cells on the other. The depressing influence of the fever is greater than its exciting action, in regard to the strength, persistency and duration of the effect. This condition affords a rational basis for the use of pilocarpin in fever. In fever all the ferments of the pancreas being weakened in action a number of products of imperfect digestion are formed. The diminished secretion of the pancreas may perhaps be related to the fact that in diabetes sugar completely disappears from the urine when any febrile process occurs. Such a relation is all the more possible, as the fever not only arrests the secretion of the pancreas, but causes the glycogen in the liver to diminish or disappear. The author's observations show that a certain analogy exists between septic poisoning and atropia—both of them paralyze the secretion of salivary glands and diminish the digestive action of the pancreatic ferments on albumen. Septic poison first causes increase and then arrest of the secretion of saliva. This occurs when both the chorda tympani and the sympathetic in the neck are divided. When the nerves are tested by faradic currents, it is found that the chorda becomes paralyzed sooner than the sympathetic. There is a remarkable irregularity in the variations of the three ferments of the pancreas in fever: those ferments which act upon fat and starch are much diminished, whereas that which digests albumen is but little affected. The author has already shown that a ferment resembling trypsin in its action on albuminous substances is formed during putrefaction of albumen, and he thinks that possibly some such substance is formed in the body generally by the decomposition of the tissues in fever, and that it is simply excreted by the pancreas. From consideration of the different effects of various nutritive substances in exciting secretion, he thinks it is possible that the formation of the three kinds of ferments in the pancreas may be regulated by three different sorts of nerves, and that these may be differently affected by the septic poison.

A REPORT of over fifty trials of the inhalation of nitrous oxide gas in parturition is given by Dr. Tittel in the Wiener Med. Blätter, March 15th (Medical Record). He employed it chiefly in primiparæ with severe pains, and found a diminution of the suffering in every case. He found it acted better when given in the first stage, as its effects lasted into the second, and quiet inhalation was more difficult when it was attempted to be given in the second stage. The pulse was generally retarded and the fœtal pulsations, on the contrary, generally accelerated. The pains were in many cases increased in strength and frequency, and Dr. Tittel found this action of the gas very serviceable in multiparæ with few and weak pains. Vomiting was arrested in four cases by the inhalation of the gas, and the only evil results which were observed were two cases of convulsions, one hysterical and the other epileptic.

THE BICARBONATE OF SODA is recommended by Dr. Rosseau as an external appliaction in eczema. He uses it in the form of a pomade of the strength of fifteen grains of the soda to one and a half drachms of lard or other base. He holds that it alters the morbid anatomical elements of the skin and restores it to the normal state.

TO REMOVE FISH-BONES from the throat, Prof. Voltolisi, at Breslau, recommends a gargle composed of muriatic acid, 4 parts; nitric acid, 1 part; and water, 240 parts. The teeth have to be protected by lard or oil. The fish-bones become flexible, and they disappear entirely after a short time.

CONTRIBUTIONS.

STAMMERING.

BY A. BRYAN, M.D., CLEVELAND, OHIO.

[Read before the Chicago Medical Society.]

Stammering as a pathological condition is a defective and difficult articulation of words, which may occur in persons of perfect physical integrity. It is an affection purely functional, and is the result of mal-habit or mal-education of the nerve centers presiding either immediately or remotely over the organs of articulation. It should be borne in mind that stammering is not an insanity of the nerve-centers concerned.

The act of stammering usually consists in the attempt of a person to articulate an elementary sound while the vocal organs remain in the position proper for the utterance of the sound which precedes it in the same syllable. Probably the most frequent exception to this is when the patient is erroneously convinced of inability to articulate a certain elementary sound under any and all circumstances; his convincement having had its origin in the effect of a traumatic lesion long past. A person may have had a wound about the mouth, temporarily disabling him in certain forms of utterance, but the traumatic condition may long since have wholly passed away, leaving the individual under the profound but erroneous impression that he is absolutely unable to perfectly articulate certain sounds. In these cases the effect is usually confined to a single letter, and often to only a single word. The patient's delusion is generally easily removed by making an appeal to his reason. In the case of the ordinary stammerer, however, the reverse of this principle is usually the case, for he is perfectly and confidently aware that there are times when he has complete power to utter the sounds that are commonly most difficult to him; as while singing, or when alone, or when repeating a word upon which he has just experienced a severe paroxysm of stammering.

I believe the most frequent act of stammering consists of the indefinite and unbroken prolongation of an elementary sound, or, in the reverse of this, the frequent and rapid repetition of the sound, the repetition, however, being prolonged indefinitely.

The worst stammerers are capable of stammering upon every letter of the alphabet and upon every word in the language. In addition to this, they stammer between words. This latter remarkable phenomenon seems to be caused by the sufferer taking a sort of run and jump to get over the sound upon which he anticipates difficulty—prefixing or interpolating an extraneous sound, as it were, from which to gain the momentum of an impulse. Also, in his terror in presence of a difficult sound, he will sometimes substitute a more easily articulable sound than the right one. In some cases, an extreme stammerer will take on tonic spasm of a number of the facial muscles simultaneously; the spasm radiating from the seat of the primary effort at phonation, seemingly every muscle of the face, and even some of those of the neck, being brought into tetanic action. Under such a condition momentary vertigo may ensue, tears flow from the eyes, and perspiration break out upon the face. Marked physical and mental exhaustion follow such a paroxysm. I will also add to this that there are a few cases in which during a spasmodic paroxysm the abdominal muscles, the diaphragm, and thoracic muscles participate. In such an instance, immediately afterward, the patient is capable of excellent though somewhat enfeebled articulation.

Stammering occurs vastly more frequently in children than in adults. I am of the impression that it occurs oftener in the male than the female, although one of the most dreadful cases I ever saw was that of a girl eighteen years old. It is more persistent in those of small intellectual caliber, and disappears more readily in persons of high or good intellectual capacity.

Among the things that enhance the difficulties of the stammerer are whatever temporarily decreases the power of the heart, as common embarrassment, fear, and loss of assurance; and decrease of the rapidity of nervous conduction, as from cold, or from the placidity incidental to quietude. During the hot weather of summer stammerers are often greatly improved, only to get worse again upon the supervention of the cold winter. Buoyancy of spirit affords relief, despondency increases the trouble. Consciousness of the presence of superior and arrogant persons plunges the common stammerer into difficulty. The presence of a benign superior aids him. There is a popular impression that the trouble of the stammerer is greatly increased by active emotional excitement. I am of the opinion that this is incorrect and that the reverse holds good. Vigorous mental excitement usually aids and relieves the stammerer, while sluggish mental movement renders his impediment worse. Of course, a blind rage or a state of joyous ecstasy embarrasses and clogs or totally arrests the utterance of almost anyone—of the man of glib tongue as well as of him of impediment of speech—but an indignant sense of wrong felt in the bones of the stammerer, or a sense of healthful joy, often does away, temporarily, with all difficulty of utterance. I remember an instance in which a most inveterate stammerer was forced out by clamor to speak before a popular audience upon a subject in which he was deeply

interested. He arose, enveloped in his own confusion, and commenced to stammer in the most extraordinary and seemingly abject manner. He was about to sit down in despair, when his eye accidentally rested upon the gloating and glaring face of an enemy in the crowd, whose moment of supreme joy seemed to have been reached in beholding the discomfiture of the stammerer. Suddenly the stammering man rose above his lifetime misfortune and delivered a most eloquent oration without the least further manifestation of lingual impediment. In his case I suppose the heart was stimulated to the manifestation of great force by the irritation; great quantities of blood were sent rapidly to that most distant yet supereminent portion of the brain, the cerebrum. The result following was an efficient command of the cerebrum controlling the inferior ganglionic masses concerned in articulation.

It is an interesting circumstance that stammering is worse in the forenoon than in the afternoon. In connection with this circumstance it is notable that human temperature is lower in the forenoon than in the afternoon; and also that the general encephalic functions are more thoroughly aroused and vivid in the afternoon, and that the temperature of the day and of apartments is commonly warmer. Under the conditions named as incidental to the afternoon there must be a considerable increase of the velocity of nervous conduction.

Coincidental with the utterance of the stammerer there is often a sort of consentaneous muscular by-play carried on, more or less apparent; as a patting of the foot, playing with the fingers, or with a button, twisting or pulling a handkerchief, making extra facial contortions, etc. Such movements disembarrass the stammerer somewhat. In some instances these irrelevant movements occur when the stammerer is not speaking or reading, and then they resemble chorea very much. They are often incidental to eating or smoking; and also often occur when the patient is at comparative rest. However much less superfluous performances may come to resemble chorea, still it is certain that they are not primarily choreic. In this connection, though, it is worthy of remark that the primary act of stammering is itself a movement other than the one calculated to enunciate the sound intended to be produced.

Causes of Stammering.—Antecedent disease, interfering with the articulation temporarily, may be such a cause. Pertussis may be such a cause. The violent and protracted laryngeal spasm, the spasmodic phonation, conjoined to other extensive movements, which take place independently of, and in spite of, the will, in this disease, are well calculated to maleducate that portion of the brain which presides automatically over common language function. It may well be supposed that ordinary language effort is carried on by an inferior portion of the brain, independently of any particular direction by the higher brain; that is, there is an automatic machinery for common utterance, in which the higher brain is not ordinarily much concerned. Well, in the violent paroxysms of whooping-cough, all the muscles concerned in speaking, and more, too, are thrown into violent and unco-ordinated action, beyond any manner of control by the will. The disease exists for weeks, and often for months, an abundant time for the automatic brain to become disastrously in the habit of sending an irregular and improper impulse to the muscles concerned in utterance. For reasons that are readily obvious, during, and at the conclusion of whooping-cough, stammering may supervene. Several of the most extravagant cases of stammering I ever saw were sequels of whooping-cough, the persons stammering upon every word and between words. I am of the impression that children recovering from extreme adynamia in acute disease are somewhat liable to stammer afterward, especially if the adynamia have caused temporary speechlessness, from which the patient has recovered by degrees.

A very large proportion of stammerers are made by imitating other stammerers, either consciously or unconsciously so doing. A person may consciously and, for a time, willfully imitate (mimic) a sufferer from the malady, and in the meantime so maleducate his language machinery that finally when he attempts to speak aright he finds himself not only quite unable to do so, but a frightful victim of that which he has ridiculed in an innocent and unoffending person, maybe. In all such instances as the latter it would be good justice to permit the patient to suffer on for ten or fifteen years before being cured. In those instances, wherein a ridiculing imitator has not acquired the habit, it would be well enough to give him an expiatory term in the penitentiary of about ten years. At least I have ascertained that that is what all innocent sufferers think about it. A large number of stammerers take on their trouble by unconscious and unavoidable imitation; as a child may imitate its parent, its brother, or sister, an intimate school-mate, and so on. Cases that supervene in this manner are not so inveterate as are those that arise through ridicule or a malicious purpose, for the reason that the direction of the attention is not so intense in acquiring the difficulty.

It is worthy of remark that one member of a family of children may be an inveterate stammerer, all the other children unavoidably and passively imi-

tating him; but it is almost invariably true that the ones who are the imitators will, after keeping up the imitation for awhile, cease to be stammerers to any considerable degree. Especially is this the case if the latter be permitted to act as they will, without any fierce interdiction. To fiercely interdict a child from stammering is exceedingly dangerous, as it only infixes what would likely otherwise prove a passing impediment. I have witnessed the baneful effects of attempting to "break" children from stammering. A child has not much inhibitory brain by which to control its perverse and semi-automatic language ganglia, therefore, make no appeal, but allow the child to outgrow his malady.

Illustrative examples can be adduced to prove that there is often well-marked hereditary tendency to stammer. Children born of stammering parents usually stammer with great facility. One case has fallen under my observation, in which no imitation or any other assignable cause could be ascertained excepting heredity. The father was an inveterate stammerer, but the child had no opportunity to imitate him. The malady was not assailed, as it had appeared spontaneously, so it passed away spontaneously after a comparatively transient duration.

As has before been stated, stammering sometimes has its origin in a traumatic injury that has long since passed away, leaving the individual sincerely convinced of being unable to articulate a certain sound or sounds. One such case has fallen under my notice. Before I had an opportunity to try to effect a cure the individual passed from under my observation.

Putting aside the subject of causes there is a phenomenon which at first view seems difficult to explain, but which is really quite intelligible. It is that when the attention of the stammerer is strongly riveted upon his impediment to utterance, his difficulty in articulations is greatly enhanced. I say I believe this is the rule. His intelligent mental attention may be fixed upon a difficult word, and yet he finds himself all the more unable to utter it properly. The cause of this embarrassment is that the commanding super-phonetic impulse is general and not special. The superior ganglionic mass issues a general order again and again to the inferior, and simply executive language ganglion (or ganglia) with no other effect than to still further confuse the special impulses of the latter. If, with steady deliberation, the supreme, encephalic center set about issuing a certain mandate involving the details of how the word is to be articulated, the difficulty vanishes, and the proper enunciation ensues. And, be it remembered, the more powerful the supreme center the more efficiently will it assume control of the inadequate forces below it. From the principle here shown it may be clearly seen that persons of very high mental organization are infinitely more apt to make a good recovery from stammering than those of inferior capacity. This is also the principal reason that stammering affects children more than it does adults. I think that the affection is persistent in negroes, a class whose general cerebral capacity is weak.

Stammering is not analogous to aphasia, due to cerebral lesion. As evidence of this, the force of the affection fluctuates from mildness to severity, and from severity to mildness; and may be even wholly suspended for a while, reappearing again in full violence. Also, the style of a stammerer's difficulty changes; within a series of years it may be quite protean. This mutability in force and form could not exist were the physical basis, that portion of the brain concerned in language, mutilated.

Treatment of Stammering.—The treatment of stammering, carried out intelligently, should usually be successful. A large number of the cases, if wholly uninterfered with, have a tendency to spontaneous recovery. This is especially true of young children who have acquired the impediment of speech by unconscious imitations. Indeed, the plan of total non-interference should be adopted in treating all young children who stammer. Ridiculing or forbidding the difficulty, or even attempting to benignly educate them out of it, only unfortunately infixes it. The child should be placed in circumstances of absolute freedom of general growth, physically and mentally, and, by such a course, in the vast majority of cases the trouble will gradually disappear. It seems exceedingly probable that the temperature of climate has its influence. A warm climate enhances recovery by increasing the velocity of nervous conduction. The self-confidence of the child should be cultivated. It should be taught to the fullest extent consentaneous motion, as practiced in dancing and calisthenic exercises. It should be taught music, another highly consentaneous exercise. It should be removed from all opportunity to imitate another stammerer. The whole mental nature of the child should be incited to equable activity.

The intelligent adult stammerer should be thoroughly apprised of the nature of his difficulty, both as to general principle and as to detail. He should be thoroughly drilled in elementary articulation, and in all modes of motion requiring consentaneous action. His general culture should be carried on to an extreme extent. Finally the highest nerve centers will get the mastery of those lower ones that are immediately concerned in utterance, and will teach them a right automatic function. To do all this requires a high form of will on the part of the patient.

Those who belong to the more lowly class, intellectually, are difficult to treat. They make very imperfect spontaneous recoveries, for the obvious reason that the higher brain is weak. When special and conscious treatment is applied, the moderate intellect and will of the sufferer only feebly and inefficiently co-operate in the effort at restoration attempted by the intelligent physician. They are benefited by much society among equals.

Intelligent sufferers from stammering should be cured, if possible, as the disastrous modification which the constant embarrassment that the impediment of speech induces, is mortifying and sad, veiling and rendering a naturally excited intellect quite abject. Especially is the evil effect of stammering seen in the greatest degree in the cases of those who are of high mental endowment, and have, still, not wealth or high station to act for them as powerful collateral adjuvants

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ADDRESS IN OBSTETRICS AND DISEASES OF WOMEN.

BY DR. J. K. BARTLETT, OF WISCONSIN.

[Chairman of Section. Read before the American Medical Association.]

[CONCLUDED.]

ANTI-SEPTICS IN PRIVATE OBSTETRIC PRACTICE.

A few words of inquiry as to the extent and necessity of aseptic precaution in ordinary labor in private practice. A little more than a year since Dr. Robert Barnes published a paper upon the subject containing many valuable suggestions. He divides toxemia into endosepsis, autosepsis, and exosepsis, and counsels measures for the avoidance of each. With auto-infection, at present, we shall mostly deal. For the avoidance of this he gives directions for routine aseptic minutiæ, including washing of the uterus once or twice daily, with plain or carbolized water—the attendant bathing the hand in carbolic acid solutions, all chamber utensils being rinsed with the same, and a little left in them.

None of these prophylactic measures seem to the writer necessary in cases of uncomplicated labor, and some of them absolutely dangerous. Intra-uterine injections are especially so regarded, and even those of carbolic acid into the vagina have not always been harmless. Dr. Minot, of Boston, a few months ago, wrote, that "he had been in the habit of using carbolized vaginal injections after labor, but since alarming symptoms had followed in two cases, he now only makes use of them when the lochial discharge becomes offensive." At a meeting of the New York Academy of Medicine, last March, a case was related, in which, after a week's use of uterine injections, a chill, followed by a decided rise in temperature, occurred, and Dr. Barker stated that, although he had occasion frequently to resort to this measure, it must be used with care and not too long, even in conditions which require it. He remarked that the uterine sinuses closed ordinarily within three or four days after labor, and he had seen cases where he felt convinced that the use of this means, by the Chamberlain tube, had re-opened some of the blocked up sinuses, and absorption of septic material had followed. In normal cases, outside of hospital service, the writer must think it bad and meddlesome practice to use not only carbolic solutions for vaginal and uterine injections, but any vaginal douche, on account of its tendency to remove from the bruised and excoriated surfaces an exudation which nature provides for their protection; besides, such measures as used by ordinary nurses may, through carelessness or ignorance, be made to supply increased facilities for septic contact and absorption. Even in hospital practice Dr. John Williams has recently stated that the measures for preventing septic infection, which has reduced the previously greater mortality to one in two hundred cases, were, perfect cleanliness of the patient, daily cleansing the wards, periodic disinfection with sulphur, antiseptic inunction of vagina and head during delivery, and daily vaginal douches with warm water after child-birth. In discussing this paper intra-uterine injections were generally deprecated, and by some even the washing out of the vagina until a few days had elapsed after delivery was deemed equally dangerous. But whatever may be the necessity for such measures, or others, in hospitals, when the atmosphere is loaded with poisonous emanations, and, however necessary strict cleanliness on the part of the attendant at all times and in all places, an experience of upwards of forty years convinces the writer that either these minute aseptic usages are unnecessary, or, that a great and sudden change has taken place in our external conditions, or in the female organization; for, during the attendance of many hundreds of obstetric cases, not unfrequently severe and protracted, in which there was very little interference with nature's powers, and no asceptic precautions observed, except cleanliness as far as possible, very few cases of child-bed fever developed, none of any gravity and among his own patients he never saw one fatal. There is no question as to the utility of vaginal irrigation, carefully performed, in cases of fœtid lochia, when associated with rise of pulse and temperature. We have, in this case, absorption of the products of decomposition. It has been stated that the poisonous principle of septic fluids has been isolated in the form of two alkaloids. Dr. Simpson, of Aberdeen, considers this proved. This is, however, not material to our pur-

pose; the poison is there, and in the present state of our knowledge we have no proof that we can chemically destroy it in the human organism by any agent which can be safely used. We can remove it, not by a syringe, but by thorough irrigation from a resevoir which affords a constant stream of water at 96°, until the fluid shows itself clear as it flows out. The material used is of little importance, provided it be harmless. Its value does not depend upon the addition of a germicide of sufficient strength to destroy bacteria, for its purpose is simply to wash away the decomposing detritus of blood and tissue. Lesions of the vaginal tract or uterine neck are more liable to absorb poisonous material than the uterine cavity itself, and hence vaginal irrigation only, will often prove sufficient. As an illustration of this, the writer will append a condensed statement of a case furnished by Dr. N. Senn, of Milwaukee. Patient, a primipara of twenty-eight years; labor tedious, and completed by forceps in the hands of a skillful accoucheur; child born healthy: considerable hemorrhage after placental delivery. Dr. S. saw the patient four days after, in consultation; she had had a chill two days before, and slight chills afterward, with high temperature and profuse sweating. When he saw her the pulse was 102½° F.; the labia, vaginal wall and cervix on the right side were found deeply lacerated, and the wound filled with coagulated blood, the vaginal discharge very offensive, and the right para metrium exceedingly tender; anti-pyretic doses of quinine had failed to control the temperature. Constant irrigation was advised, and performed by means of a rubber tube attached to a fountain syringe, and inserted into the vagina, so that the upper extremity reached the highest point of the wounded surface; the reservoir was suspended above the patient's bed, and the rubber tubing secured in place by strips of adhesive plaster; a solution of five parts of salicylic acid, one hundred of rectified spirits of wine, and eight hundred and ninty-five of pure water, kept at the temperature of the body, was allowed to slowly flow through, making its exit into a bedpan, which was changed when necessary. About two gallons were used daily. The temperature fell the first day to 100° F., the irrigation was continued four days; the wound assumed a healthy appearance, and the patient rapidly recovered without an untoward symptom.

At the meeting of the New York Academy of Medicine, April 26th, D. R. Tauszky read a paper upon Treatment after Parturition, in which he advised, for the relief of offensive lochia, accompanied by fever, syringing the vagina several times a day with a disinfectant solution, and thought uterine injections unnecessary, save in cases of internal violence, such as attend manual separation of the placenta or use of the forceps. When they are deemed necessary, prefers thymolized or simple water to carbolized water.

In the discussion which followed, the opinion seemed quite general that septicemia in the majority of cases originated in wounds of the vagina and cervix. Dr. Chamberlain remarked that a breach of surface anywhere in the genital canal might be causative; but "he did not deem the existence of septicemia an indication for washing out the uterus unless the cause could be located within that organ, though it might be an indication for washing out the vagina." Doubtless the retention of decomposing material within the uterus is, at times, the cause of septicemia, and if the vaginal irrigations do not speedily reduce the temperature, intra-uterine irrigation may be needed. For this purpose, however, the writer believes, that a very weak antiseptic solution, or even water alone, is all that is needed. The results recorded by Dr. E. Hervieux, of Paris, thirteen years ago, in cases of hospital puerperal fever, seem to confirm this view.

While writing, an article by Dr. T. G. Thomas, lately published, has attracted attention from its bearing upon this subject. Two severe cases of severe puerperal septicæmia are detailed, in which uterine injections of carbolic acid were employed, but this part of the treatment not commenced until there had been time for a full development of the autogenetic poisoning. Two days were lost after the first manifestation of the disease in the first case, and five or six in the second, before Dr. Thomas saw them, and commenced this treatment. The second case died twenty-four hours after. The first, a primipara, had a short and uncomplicated labor. The nurse was directed to syringe out the vagina carefully, the next day, with carbolized water, which was done. About thirty-six hours after labor the temperature was 103°, twelve hours after this, 102.5°, the succeeding morning 103°, no chill having occurred, but some pain in the right iliac fossa; the same evening at 5 o'clock the temperature was 106.5°, the pulse 145. This was the condition when Dr. Thomas saw her. He found a bilateral cervical laceration reaching to the vaginal juncture, and directed washing out the uterus with carbolized water. This was carried out by two physicians, who remained with her during the night every four hours, by means of a Davidson's syringe and Chamberlain tube. The next morning the pulse had fallen to 120, and the temperature to 101°. She felt much better, but had taken opium freely all night. The uterus was now washed out at longer intervals, but the temperature again rose, and again the injections were resumed every three hours. Opium was also freely administered, ten grains of quinine given every eight hours, and rubber tu-

bing, through which a current of ice water ran, was also placed over the abdomen. The injections were continued two days and then stopped; the temperature again rose, and they were resumed. On the thirteenth day after this treatment was commenced, the intervals between the injections were made longer, and they were gradually discontinued. Is there any evidence here to show what influence the carbolic acid had in the result? We see that very active medication of another character was resorted to, and we are not informed of the strength of the injections, or whether the quantity of the fluid was sufficient to thoroughly cleanse the uterine cavity, so that the fluid ran out clear at the close of the procedure. A syringe was used, not steady irrigation, and it appears doubtful whether this result was fully attained. The temperature and pulse improved after each injection, and we might suppose that the carbolic acid aided to produce this effect, had it not been observed again and again, as a result of simple cleansing, when no acid was used. At a late discussion upon this subject in the Academy of Medicine, Dr. Chamberlain, in referring to this case and others, appears to have regarded the washing away of the morbid uterine contents as the effective agency. It appears to the writer that the poison which had already been absorbed, before the injections were begun, continued to produce its effects in the organism, more or less influenced by the powerful medication employed; possibly increased, or renewed by the frequency of the injections, certainly only modified as far as their influence was concerned by the imperfect washing away of the uterine contents. It is very probable that, in this case, the seat of absorption was the lacerated cervix, and that constant irrigation of this region earlier begun would have produced speedier and more decided results.

Dr. Thomas' conclusion from this case is, that puerperal fever should be treated upon as simple a plan as septicæmia of any other kind, viz.: by washing out with some antiseptic fluid the surface where the disease originated. In his language: "With some fluid which will remove the poisonous material which is being absorbed, and also as far as possible neutralize its poisonous qualities." The last part of this sentence intimates a doubt as to the possibility. Is there any evidence that an antiseptic agent can be safely used of such strength as to destroy or neutralize a formed poison in the tissues or cavities of the body? We know that they can be so used as to prevent the formation of such poisons, but it is necessary that this influence should be constantly present and in action, and not pass away with the morbid products which are removed by injections or irrigations. In the latter case the writer can see no cause for the relief except in the removal of the poisonous material.

The case is quite different with the treatment advocated by Dr. Alloway, of Canada, who reports, recently, three cases of puerperal septicemia which he treated by first washing out the uterine cavity with plain or carbolized water, and then, by means of a Sims' speculum and a tent inserter, passing a suppository of iodoform of ten, fifteen or twenty grains to the fundus uteri and leaving it there. He usually employed this procedure night and morning, and had observed no poisonous or unpleasant results.

By the use of this agent in this manner a constant antiseptic influence is generated which should prevent the development of poisons, if it can be used safely in sufficient quantity. This has a more rational foundation for its employment than a one or two per cent. solution of carbolic acid. It is probably usually unnecessary where thorough irrigation is carried out, for there is good evidence to to show that it alone will suffice.

Similar in operation, and less liable to objection, is the effect of the oil of eucalyptus globulus, so much lauded by Dr. Sloan as a preventive of septicemia, when it is to be feared, on account of lesions in the parturient canal from forceps or any other source. He employs it in the form of pessaries, consisting of oil of eucalyptus two parts, white wax one part, ol. theobroma two parts. Each pessary contains about twenty minims of the oil. He states that it is neither poisonous nor irritating in this quantity, does not coagulate the lochia, its odor is agreeable, and it appears to aid in uterine contraction. Mr. Lister has also stated that this germicide was entirely devoid of any deleterious effects.

The conclusions which the writer thinks can be legitimately drawn from what has been presented are. That the danger of auto-genetic poisoning after ordinary labor in private practice is not such as to demand the routine precautionary minutiæ which Dr. Barnes has suggested; that very many cases in which the lochia are offensive are attended with and followed by no disturbance; and that cleanliness as thorough as can be attained, and care as to the general conditions of the patient, are only usually necessary. That even in cases where rise of pulse and temperature occur, vaginal irrigation is frequently sufficient. That in cases where relief has followed the use of carbolized injections, vaginal or uterine, the advantageous results do not so much depend upon antiseptic virtues as upon the cleansing effects by even a simple fluid, used in such manner and quantity as to secure entire removal of any decomposing matters retained in the uterine and vaginal cavity.

That when there is reason to apprehend absorp-

tion of morbid material by existing vaginal or cervical lesions, the suppositories of ol. eucalyptus are much preferable to carbolic acid syringing, though they may be advantageously preceded by vaginal irrigation. That if these means should not avert a rise of pulse and temperature, continued irrigation of the parts affected, by a weak solution of Condy's fluid, salicylic acid, or some similar agent, should be employed. If these do not soon lower the temperature, or if the seat of absorption appears to be located in the uterus, intra-uterine irrigation of the same character may be adopted, to the extent of washing away all decomposing material. When antiseptic intra-uterine action is clearly indicated, the introduction of iodoform suppositories will accomplish everything additional that can be done locally, in the present state of our knowledge of the subject.

PLACENTA PRÆVIA.

The report of M. Hoffmeier, of Berlin, upon this subject, deserves notice from its unusually favorable maternal results. He cites forty-six cases, thirty-five of which occurred in one year. Three of these were so near death from hemorrhage when first seen that there was no opportunity for treatment. Of the remaining forty-three, six were treated by the waiting method and the tampon; in the other thirty-seven no tampon was used. Of the six treated at an earlier date by tampon, one died, two had a long and severe illness, and four of the children were dead. Of the thirty-seven others treated differently, one mother only died, and she had been treated by the tampon for twenty-four hours, and the placenta was offensive when delivered.

This is a maternal mortality of 2.7 per cent., which is much less than any previously published rate. The results for the children, even with no hurried delivery, were: seventeen already dead, three died from perforation of the placenta, and three were premature—giving thirty-seven per cent. of the whole living, which reaches the usual standard. The placenta was located centrally in nineteen, laterally in sixteen, marginally in eight.

In central insertions he favors perforation of the placenta and bringing the feet through. This was done in five cases, in three of which it was necessary on account of the urgency of the symptoms, and two in which the child was already dead. His practice is to wait until some symptoms of labor are present, in the shape of uterine contraction or a funnel-shaped dilatation of the cervix, then as early and actively as possible proceed to deliver. The earlier this is done the more easily version, by the combined external and vaginal method (one or two fingers in the os), can be effected. This version was practiced whenever possible, and the hand introduced into the uterus only when absolutely necessary; the feet having been guided to the os and there seized, firm traction made, and the hemorrhage effectually stopped by the buttocks. This was done in thirty cases. In six—three of which were breech presentations—internal version was used, and in one, a head presentation, forceps applied. After bringing the breech into the uterine opening, the rest of the delivery should be slowly accomplished. The condition of the child may modify this rule, but must not increase the mother's risk. He says: "One must have the courage to let a doubtful child's life be lost in his hands, rather than subject the mother to an increase of danger."

He states that hemorrhage occurred after delivery in some cases, although ergotine was given, subcutaneously, during extraction. This was easily controlled by ergotine and iced or hot water injections.

Such maternal results are certainly worthy of attention, for Mueller estimates the total mortality in such cases at no less than thirty-five to forty per cent., and Lusk states that as many as one in four die during or shortly after delivery.

In the beginning of this paper a reference was made to the recent brilliant advances in gynæcological surgery. Prof. Heinrich Fritsch, of Breslau, begins an article upon uterine therapeutics thus: "The general surgical teaching of recent years forces gynæcologists also to employ uterine surgery more and more, in place of medical gynæcology."

Dr. Angus McDonald says: "We live in times when thoughtful gynæcologists cannot avoid feeling that a tendency to a too frequent resort to surgical and instrumental methods in dealing with women's diseases is widely and not infrequently disastrously present." These are utterances seasonable and pregnant with meaning.

What is to be most earnestly sought by us in the future? The notable success which has attended operative gynæcology, since Lister taught the use of carbolic acid, and, by implication, of perfect cleanliness, has had a tendency to call attention away from the less demonstrative, but even more important investigation of constitutional, as well as of local, medical methods. Is there not great danger that the patient search for therapeutic resources, general, local, hygienic and all others, which it should be our aim to undertake, will be comparatively neglected?

A successful and brilliant surgical procedure is very attractive, but is not a resort to mutilative surgery, though a great boon to humanity in our present state of knowledge, an avowal of ignorance, of our inability to cure? While we hail

gladly any advance in our surgical art, and in the devices for lessening its mortality, we should not forget, were our attainments in knowledge more thorough and perfect respecting the causations of affections with which we have to deal, were our skill in early diagnosis and treatment more sure and extensive, such disordered conditions might be arrested and cured before reaching that stage which can only be relieved by the knife of the surgeon.

Our grandest aspiration should lead us to the study of the underlying morbid processes which precede graver derivations from the normal state in the pelvic organs. Our endeavor should be to forestall and prevent the latter, not only by rational therapeutics, but by teaching comformity in daily life with nature's laws. "Obsta principiis" should be a motto in medicine as well as in morals.

Woman has in action, for a period of about thirty years, a set of organs upon which depend the perpetuation of the race. At the time these organs begin their functional activity, the greatest care is requisite, both physically, mentally and morally, to secure to them freedom from injurious influences, and that proper balance of development which shall fit the woman for her after duties. Here is work in preventive medicine for the gynæcologist, if he be, as he should be, also physician, of the most important character. At the very threshold of female life a thousand dangers beset the neophyte. To those resulting from climate and constitutional proclivities are added, in our artificial life, the exactions of the tyrant fashion, in dress, habits and manners, with all their attendant dangers. It is here the physician alone, by instruction, warning and admonition, may exercise some influence in restraining and correcting habits and influences which may render after life but a scene of illness and suffering. The nervous organization of woman, at this period, is especially sensitive, and liable to derangement, requiring most careful attention and supervision.

The necessity of careful constitutional treatment in pelvic disease has often been urged, but does not receive the attention its importance demands. Specialism, when exclusively practiced, is apt to produce narrowness of view. Its efforts for cure to be only a variation in local treatment rather than careful study of the relations existing with functional disturbances elsewhere, which influences, if they do not produce, will intensify the local troubles. Especially is this the case with those educated as specialists "ab ovo!" No one who has not received thorough training in general medicine, and has not tested, confirmed and enlarged the knowledge thus attained by many years of general practice, is fitted for a specialist.

The human body is an entity, not a mere collection of organs; we must consider not only the local expression of trouble in the pelvis, but aim to fully understand and appreciate the relationship of the various parts of the organism. We must investigate the influences which general disturbances, neurotic, functional or organic have upon the generative system, which influences are sometimes primarily causative, but more often come into action when disordered parturition, or some other deviations from normal function, occur. We hail everything which aids to enforce the usefulness of such studies as a harbinger of onward progress.

Such has been the tendency, for some years, of the utterances of Dr. Fordyce Barker, whose able paper of last autumn upon the constitutional origin of leucorrhœa, and the cure of its resulting local lesions by rational therapeutic and hygiene measures, should be thoughtfully read and re-read by every gynæcologist.

A paper has been recently published by Dr. L. C. Boisliniere, of St. Louis, which, in no uncertain tones, calls attention to general conditions as causative in pelvic disease, closing by the statement that our extreme tendency to specialize has led us to attach too much importance to pelvic lesions, and too little to the general condition. In the same direction was also an address of Dr. William Goodell, of Philadelphia, which shows that many affections of the "reproductive apparatus" are merely local expressions of their cause, general neuroses.

Time will forbid dwelling upon this all important subject. It is only by realizing that the physician is larger than, and must include, the specialist that we can progress towards the goal we ultimately hope to reach. All that is new is not progress. We sometimes follow the will-of-the-wisp light of error into devious paths, from which we return not always enough wiser for the lesson to prevent again going astray in another direction. True progress in medicine, as in most human affairs, is not usually by a directly onward course, but rather by following a rising spiral curve, which in time brings us again quite near to the point of departure, but upon a somewhat higher plane.

"Experience teaches slowly, and at the cost of mistakes," and through long, tentative efforts only can we arrive at truth. Patient, protracted, arduous labor is necessary. We must,

"Still achieving, still pursuing,
Learn to labor and to wait."

Like the first Napoleon, we must veto the word impossible. When medical gynæcology is thus studied and practiced, the writer has confidence to believe, with the larger general and local therapeutic and hygienic resources which such research

will in time develop, with closer attention to any deviation from normal functional conditions, and with the clearer and surer diagnosis which the future will bring, that the time will come when the present "brilliant triumphs" of the surgical gynæcologist will pale before the achievements of his medical co-workers.

"Kühn ist das Mühn,
Herrlich der Lohn."

SOCIETY PROCEEDINGS.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, June 28, Pres. Dr. Tyson in the chair.

A SPECIMEN OF RENAL CALCULUS—OXALATE OF LIME—BY J. A. MUSSER, M.D.

A. R., aged 32, a stone-cutter, residing one year in Philadelphia, applied to me for treatment June 5th, bringing with him a sample of his urine. It was bloody, and had been passing without pain during the twenty-four hours prior to this visit. Three months ago without any cause he was seized with pain in the left loin. The pain increased in severity; kept him from work; caused faintness, but no nausea or vomiting; did not radiate in any direction save transversely to a slight extent; lasted three days and was not followed by hemorrhage. In the intervening three months he was in good health. A jar of the body or any movement did not increase the pain. It may be noted, but is rather irrelevant, that for ten or more years he had always had a weak back, becoming painful when stooping.

Twelve hours after the consultation the same localized pain recurred and continued for twenty-four hours. Suddenly it was relieved, and the subsequent urinary discharges were clear. In three days he had a return of the pain and hemorrhage simultaneous. The pain increased in severity, and at the height of the paroxysm extended to the testicle and the head of the penis. The paroxysm was relieved by the passage of the calculus I show you by the urethra. The passage of the stone through the ureter was characterized by the most agonizing pain and frequent attempts to urinate. First sample of microscopical examination of the urine showed the red color due to blood. A similar examination of his clear urine, as well as the bloody, proved the presence of urates of soda and crystals of the phosphates. The urine was acid. The diagnosis of renal calculus was not difficult, but the microscopical appearances of the urine led me to infer that the stone was composed of uric acid. With such idea the patient was put on alkaline treatment. The sequelæ proved that the solvent effect of such treatment was of no avail save from the diuretic action of the drugs. Morphia was given to relieve pain.

A portion only of the stone was received, an angular portion having been broken off by the patient. The portion weighs .06 grams. The exterior is tuberculated; the interior dark in color, bluish, the exterior lumina light brown. It is exceedingly hard. Chemical examination was made by Dr. Leffman, who reported it to be an oxalate of lime calculus.

HÆMATOMA IN THE UPPER PORTION OF THE MEDIASTINUM PRODUCING DEATH BY SUFFOCATION.

Dr. J. T. Eskridge said that he obtained the specimen from a colored man, porter, aged thirty-two years. He had led an irregular life, but it was not positive that he had ever contracted syphilis. During the past winter he suffered from a severe cold on the chest, and was told by his physician that his heart was inflamed. With the exception of slight cough, unattended by any difficulty in breathing, he had considered himself in excellent health on June 10, 1883, when, after carrying a heavy trunk on his shoulder from the first to the fourth floor of a hotel, at Cape May, he was seized immedidiately with great difficulty in breathing, and was compelled to seek the open window to prevent suffocation. During the next two days, while still remaining at the seashore, he suffered from several attacks of shortness of breath, each lasting from several minutes to an hour or more.

He was admitted to the hospital of the Jefferson Medical College on the evening of June 12, about sixty hours after the occurrence of the accident. On admission his breathing was so labored that he was unable to speak. He was gasping for breath and bathed in profuse cold perspiration. Respiration 36, with greatly prolonged expiration. Pulse 100. Temperature 99.7°. Inhalations of amyl nitrite and the hypodermic use of morphia and brandy seemed to give relief. The attack lasted about twenty-five minutes. He slept well during the night and was tolerably comfortable until 5 P. M. the next day, when he had another paroxysm, which was promptly checked by amyl nitrate, morphia and dry cups to the chest.

14th, A. M. Dr. Eskridge saw him for the first time. The patient was breathing quietly, and said that he felt comfortable. Pulse and temperature were nearly normal. Urine contained neither albumen nor sugar. No cardiac murmur was detected. Lungs were hyper-resonant at their apices, loud, moist; bronchial râles were present throughout both lungs. In view of the man's former freedom from attacks of dyspnœa, he thought that he detected nothing capable of giving rise to so great interference wth respiration. The next two days no dyspnœic attacks occurred, and he seemed to be doing well.

17th. His breathing was distressing for several hours. Nothing seemed to afford much relief.

18th. Severe asthmatic breathing came on at 6 A. M. and lasted in its worst form about six hours. Chloral hydrate gave some relief. After that paroxysm his breathing did not again become quiet. He died exhausted at 7 P. M. the next day. With the exception of occasional headache, he did not complain of pain at a y time.

Sectio cadavaris was made by Dr. Parrott the medical resident, the pathologist of the hospital, and Dr. Eskridge being absent from the city at the time.

Thorax—Pericardial sack was completely obliterated by old firm adhesions between the pericardium and heart. The heart was rather soft, and both ventricles were relaxed and contained considerable dark fluid blood. Valves nearly normal. Both pleuræ were adherent to the upper portion of the pericardium,and the left pleura was everywhere adherent to the lung. Both lungs were emphysematous at their apices, and considerable lobular emphysema existed. Bronchial tubes were congested and contained considerable mucus.

A semi-solid, or rather soft oblong body, about two inches long by one and a half inches wide, was found lying upon the lower anterior surface of the trachea, embedded in connective tissue and firmly held by old adhesions. It occupied a position just above and behind the transverse portion of the arch of the thoracic aorta. Three of the rings of the trachea in the position where greatest pressure was exerted by the semi solid mass presented a dark color, and one of the spaces between the discolored tracheal rings was nearly ulcerated through from the effects of pressure. On cutting into the tumor it was found to consist of blood more or less clotted. The calibre of the trachea was greatly lessened at the seat of hemorrhage. No ruptured blood vessels were found. No disease was observed in any of the arteries. Abdominal organs were nearly healthy in appearance.

Dr. Eskridge, in his remarks on the case, said numerous cases of rupture of the aorta, or of smaller blood vessels, into the trachea, bronchi, œsophagus, or mediastinum, were on record, but in all of them, so far as his knowledge went, death resulted directly from loss of blood. The peculiarity of the case, of which he had given a description, was the formation of a hæmatoma in the mediastinum. In hemorrhages into that space, the blood usually gravitated to the lower portion of the chest, and the patient soon died from loss of blood. In the case he presented, however, on account of extensive old and firm adhesions of pleuræ, pericardium, connective tissue, and everything else in the upper portion of the mediastinum, a hemorrhage in that situation must necessarily have been circumscribed, and could have taken place only gradually by dissecting up the adhesions. He thought that the condition of the parts that prevented an extensive hemorrhage predisposed the smaller blood vessels, especially the veins, of that locality to rupture. In view of the extensive alterations, by means of general adhesions, that had taken place at the seat of hemorrhage, it was not surprising that rupture of a blood vessel should have occurred, when the parts in the anterior region of the neck and upper portion of the chest were suddenly put upon the stretch, as occurred in the act of raising a heavy trunk from the floor and placing it upon the shoulder. From the specimen, as he obtained it, he was unable to say whether the hemorrhage had occurred from a rupture of the aorta or one of the smaller vessels, or from the bursting of a very small vessel that had come aneurismal. The tearing across of small veins would have been sufficient to give rise to the extravasated blood.

CONGENITAL FATTY TUMOR BENEATH OCCIPITO-FRONTAL MUSCLE—BY DR. NANCREDE.

The tumor was simply presented on account of the rarity of such growths of fœtal origin. The patient was a child, aged sixteen months. The growth was noticed at three weeks, and in consequence must have been of fœtal origin, as it then was of the size of a bean. It presented none of the symptoms of a fatty tumor, except a faint lobulation, the skin moving freely over it and presenting none of the dimpling so common in lipomata. Its site was peculiar for a dermoid cyst, viz., over the right occipito-parietal region; yet its resemblance was so close that, by exclusion, it was considered to be a congenital cyst. Upon removal it was seen to be distinctly beneath the aponeurosis of the occipito-frontal muscle. Microscopic sections kindly made with the freezing microtome by Dr. N. G. MacConnel showed that the growth was a pure lipoma.

ADENOMATOUS GROWTH APPARENTLY RECURRENT. [In Reality an Outlying Portion of the Mamma Not Removed at a Previous Operation.]

PRESENTED BY DR. NANCREDE.

The above title really gives the essential points in the history of a patient, aged 23 years, upon whom two operations had been performed for a supposed fibroma (adeno-fibroma?) of the breast, which recurring after partial removal of the breast, the whole organ, it was supposed, had been then removed by another surgeon. Dr. Nancrede had opposed all operation at first, considering the breast was really not the seat of anything beyond a local induration after injury. He had removed the third growth, which, from its history and microscopic appearances, he was satisfied was the result of the irritating drag of the badly placed cicatrix on a small portion of breast tissue left at the second operation. The clinical lesson taught by this case was clear, viz., the freest possible removal of mammary growths.

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Dr. J. PARROT noticing (Med. News) in several children affected with acute diseases of the brain or its membranes, while they were in a comatose condition, that if he pinched the skin of the epigastrium sharply, the pupil suddenly and decidedly widened, sometimes to a size thrice that of what it originally stood at, argues that while general sensibility is lost, that of the skin may remain. His explanation of the phenomena is that it is reflex through anæmia in consequence of the skin irritation, resembling the mydriasis resulting from a deep inspiration. The cases he relates are as follows: Six of tubercular meningitis (three with, three without post-mortem demonstration); four of hemorrhage into the pia mater (two with post-mortem); three of hydrocephalus, and two in which no cerebral lesions were found. He relates seven cases of various diseases other than of the brain, where during the state of insensibility preceding death he was unable to elicit the phenomenon, and gives as his conclusions: That a child with or without convulsions, which is in a state of coma, and whose pupils do not react on sharply pinching the epigastrium, is neither affected with tubercular meningitis nor with hemorrhage into the pia mater. It is an advanced state of asphyxia, and its death is imminent.

A CASE OF SYPHILITIC liver in a boy fifteen years of age is related by Dr. Teissier in Lyon Médical (Med. Record). The patient was suffering from ascites, with diarrhœa and slight cough. The diagnosis was tuberculosis of peritoneum, intestines and lungs. He was tapped several times and put upon a tonic and diuretic treatment, but sank rapidly. The autopsy showed no tubercles in any of the organs or serous membranes. The liver alone showed any changes. It was small and presented upon its surface yellow nodules, hard as a stone and covered with a fibrous envelope, which sent out fibrous prolongations following the course of Glisson's capsule, and giving to the liver a lobulated appearance. Examination showed the case to be syphilis of the liver, which was confirmed by the statement of the parents that the child had contracted "a disease" from his nurse.

THE NEVER-ENDING VARIETY of forms which syphilis is capable of assuming, and the facility with which the best posted men can sometimes be lead astray in diagnosis, makes it necessary and desirable to keep before us every well defined development of this Protean disease. In the Gazette des Hôpitaux, as reported by the Union Médicale du Canada, Dr. Ball presented at one of his clinics a case of general paralysis of syphilitic origin. There is one circumstance about the case that Dr. Ball does not bring into sufficient prominence, namely, the apparent predisposition towards insanity of the individual previous to the influence of the syphilitic virus. We are told that he contracted a chancre, and took so little care of himself and others that he married with the syphilitic eruption in full bloom. Whether such a man was sane or not could scarcely be questioned. The case, however, is none the less interesting. We learn that on the occasion of a violent emotion a general mental derangement developed itself; that the patient purchased for large sums of money objects for which he had no use whatever; that strabismus and ptosis developed itself in the left eye associated with paresis of the vocal organs and hallucinations of both sight and hearing; that he was Gambetta, God and the happy possessor of millions. Mercury and

iodide of potassium relieved him, and let us hope left him more sane than before his infection. We refer to this case more especially on account of a distinct remembrance of two cases of similar difficulty where confinement in an insane asylum was the result of an unsuspected syphilitic affection.

THE SPECIAL CORRESPONDENCE of the Medical News of the 14th of July, considers that the investigation of the adulteration of lard now in progress in Chicago "is of special interest to the medical profession, since the microscope and chemistry will furnish the burden of proof in the decision of the case." Although we fail to appreciate the logic of the correspondent, and consider the question of little or no importance to the medical profession, yet we feel that common courtesy should not allow such a one-sided statement to appear in a journal of such a standing as the Medical News. We would remind the special correspondent that there were other men also retained by professor Haines besides the one individual he mentioned, and without any arrogance whatever they claim to be quite as familiar with the peculiar appearance of fats under the microscope as the gentleman who seems to have furnished him the information. We should not have noticed this but for the statement that the development of these crystals is said to be a "discovery" of importance in the field of microscopic investigation. This seems to imply that the other experts also regard this work as original. If the special correspondent will look up Professor Gamgee's text books, he will find the rhomboidal crystals described, and in Husson's books he will find the plume-shaped crystals delineated with a plate. Further, the question as to whether these are characteristic or not is unquestionably still sub judice. The same will apply to much of what appeared in the Boston Medical Journal of same date.

THE MEDICAL RECORD of July 14, speaking of the Adulterations in Lard, says: "It is openly admitted by the lard dealers of Chicago that all lard is adulterated from ten to fifty per cent." If the Record had qualified its statement by saying all refined lard is adulterated we should have nothing to say on the subject. There are two brands of lard recognized by the trade; one called refined lard, the other prime steam lard. The refined lard is adulterated, and the origin of the adulteration arose from the necessity of providing for the warmer climates a lard which would stand a greater amount of heat than the pure hog product. No manufacturer, however, or merchant will admit that the prime steam lard is adulterated.

THE OPERATION of elongation of the external nasal nerve, in the treatment of glaucoma, originated by M. Badal, of Bordeaux, is considered by A. Trosseau (Med. News) as superior both to iridectomy and sclerotomy, and he claims the following advantages for it: 1. It is a very simple operation, which can in most cases be substituted for iridectomy and especially sclerotomy. 2. It succeeds in some cases in which these operations would fail. 3. It may often retard the more serious operations above mentioned, or even enucleation, and may prevent their being employed. 4. It is always more acceptable to the patients, and can always be tried without inconvenience, since, in case of failure, operations on the eyeball may be resorted to. 5. It should be performed in the prodromal stages of glaucoma. 6. It promptly calms the the pains of glaucoma and often prevents a return. 7. It sometimes restores acuity of vision. 8. It abates intra-ocular tension. 9. In case of failure from elongation of the external nasal nerve, it may be well to perform a similar operation on other sensitive nerves of the orbit.

THERE CAN BE NO DOUBT of the value of the spleen in the process of the formation of blood, but it would be difficult indeed to add anything very novel to what has already been conjectured in this matter. (Lancet). It has long been decided that the spleen is not an organ absolutely essential to life. Some fresh experiments bearing on the subject of the functions of the spleen have been insti-

tuted by Professor Zesas. The spleen was removed from many rabbits, and the animals were afterward killed at intervals varying from one to seventeen weeks. The healthy formation of blood is known to be disturbed for a time after the extirpation of the organ in question; the white corpuscles are increased in number, while the red disks are diminished. Zesas found that the lymphatic and thyroid glands, with, perhaps, the liver, take on the functions of the spleen. He also came to the conclusion that the removal of the thyroid gland, as well as the spleen, prevented the proper re-establishment of normal hemopoiesis. The spleen is therefore believed by Zesas to be concerned in the conversion of the white blood corpuscles into red ones.

A SHORT TIME SINCE Professor Jolyet, of Burdeaux, nearly lost his life in endeavoring to demonstrate, by Grehaut's method of inspiring hydrogen, the lung capacity to his pupils. (British Medical Journal). He had prepared the hydrogen gas, but, wanting some acid, he sent for it to a neighboring laboratory, poured some into the apparatus, and then made the inspirations necessary for the demonstration. The acid he had used, though sold as pure, contained arsenic, so that, instead of pure hydrogen, M. Jolyet had inspired arsenuretted hydrogen. Notwithstanding sudden feelings of illness, he had the great courage to continue his lecture to the end, but was obliged to go home immediately, overcome by a fearful attack of headache, vertigo, and symptoms of syncope. Still more serious symptoms supervened, which caused great alarm, and during some days M. Jolyet was very ill. Fortunately, there were no serious results, and although still very weak, M. Jolyet is, to the great joy of his pupils, quite out of danger.

DIARRHŒA IN INFANTS may assume, according to Dr. Jules Simon (Edinburgh Med. Jour., Med. News) a cerebral form, that is, it may be accompanied by certain cerebral phenomena or by eclamptic convulsions, even although the diarahœa may be slight. Coma, the result of a profuse drain, may supervene, or meningeal symptoms may develop and meningitis be simulated. The writer thinks that many of the reported cases of meningitis with recovery are only cases with meningeal symptoms. In the treatment of cholera infantum he recommends (1) the adoption of preventive measures during the premonitory catarrhal stage, and (2) alcohol internally and externally, with mustard baths when the disease is fully developed.

MR. T. D. HARRIES says in the Lancet (Therapeutic Gazette): I find in the report of the Clinical Society, published in the Lancet of November 18th, a record by Dr. Goodhart, of six cases of diphtheria treated by the local application of borax and boracic acid, with an amount of success which had not as yet been established, as far as he knew. Dr. Goodhart says "both borax and boracic acid have been occasionally in use as a topical application in diphtheria, doubtless, for a long time, but not, so far as is known, with any decided success." I regret to have to challenge Dr. Goodhart's statement as to the success of the remedy, and must refer him to my communication which appeared in the Lancet of February 15th in this year, where I advocated the use of boracic acid as a specific in diphtheria, when resorted to in the early stages of the disease. During the past ten years I had exceptional opportunities of watching its effects in over a hundred cases of diphtheria, and more especially during the epidemic which occurred some few years ago in this district, and which the editor of the Lancet must well remember from the controversy we then had as to the number of deaths which occurred within the district. Upon that occasion I treated seventeen cases during one week with the boracic acid application—all recovered; and throughout the epidemic I lost one only—namely, a child four years old, who dropped dead whilst playing with its toys in bed some few days after all the symptoms of the disease had disappeared. During the same epidemic ten children of various ages died in the district, none

of whom had been treated upon my plan. So great has been the success of the boracic acid treatment in diphtheria in this neighborhood, that it is as well known as Fowler's solution is for ague; and I can safely state that there is more boracic acid used medicinally in this part of the country than in any county in England. Not that we have been troubled for some long time past with diphtheria, but the remedy is so well known that upon the advent of throat affection, irrespective of its nature, the public immediately resort to it. Dr. Goodhart speaks of the application "loosening, dissolving and preventing the reformation of membrane." From repeated experiments with the membrane placed in solutions of various strengths of boracic acid and glycerine at 100°F., I have not found any sign of its being dissolved after exposure to its action for twenty-four hours, therefore, I venture to suggest the term detach for dissolve, used by Dr. Goodhart.

The Southern Practitioner reports the death, at Nashville, Tennessee, on the 20th ult., of the American Medical College Association (Medical Age). It announces the cause of death as "The Bellevue Stab." This reference is, evidently, to the famous advance and precipitate retreat of Bellevue Hospital Medical College a couple of years ago, on the question of an advanced standard of medical education. Bellevue was loud in her demands for a higher standard, and in the fullness of time went up to possess the land. But she soon discovered that she had been too previous, as it were. She is of "the-old-flag-and-an-appropriation" style of patriot, and was loud for advance as long as the cry seemed popular and was likely to draw students. When, however, the students refused to follow, she quickly sounded the retreat, and thus, as our contemporary intimates, gave the death-blow to the movement to improve medical education in this country. But it is cruel to open these old sores, and more especially at this time, when Bellevue is so faithful to the Code of Ethics. Her new announcement flies the ethical colors on her mast. How long, in the light of past experience, will they thus ostentatiously fly? The size of her next year's class may have an effect in determining the answer to this question. In referring to the clause which the Judicial Council of the American Medical Association had inserted on the slip which delegates were obliged to sign at the late meeting, and which was but a convenanting anew with the Code of Ethics, the Philadelphia Medical Times says: "We cannot, however, close without a word of praise for the dexterity which was shown in so strangling all ethical rebels that none of them succeeded in crossing the sacred Æsculapian threshold, and the shades of Hippocrates suffered no dishonor, nor distress over unseemly bickerings and disputings." The Canada Lancet ventures to predict that "this attempt at coercion will be followed by a reaction, which will have the directly opposite effect of what was intended."

Mr. H. Cripps Laurence, says (British Medical Journal): In addition to the undoubted value which attaches to cannabis Indica in megrim, menorrhagia and dysmenorrhea, it exerts also a valuable influence as a safe sedative and hypnotic in a form of disease in which, if the ordinary narcotics be prescribed, lethal effects may be expected. In chronic renal disease, when vigil or neuritis are promiment symptoms, the extract of cannabis Indica (Squire) in one-grain doses, may be given to an adult every four or six hours. It does not augment the albuminuria, and the sedative action is at once safe and pronounced. The late Dr. Jeaffreson, of St. Bartholomew's Hospital, valued cannabis Indica highly, as a sedative which would manifestly control the exhausting jactitation which occurs in cases of severe chorea.

Dr. J. C. Peters, of New York, has the following about cholera in the Sanitarian (July 12): I have been asked to give my opinion about the present outbreak of cholera in Egypt, and its possible or probable spread in Europe and this country. The only facts we have are that it broke out in Bombay, Hin-

dostan, in May last, probably soon after the great Hindoo festivals, which always take place on April 12th; that the presence of the disease was concealed, and clean bills of health were given to outgoing ships; that two steamships, the Kate and St. Bernard, arrived at Havre on June 30th, each with cases of Asiatic cholera on board; and that the disease prevails in a few cities in Egypt, viz., Damietta, Mansourah and Tamba, on or near the Nile, while the great cities of Suez, Cairo and Alexandria, which are notably more exposed, have escaped. Fortunately the great annual festival at Mecca, near the Red Sea, has not yet taken place, and although pilgrims are probably on their way there, proper precautions will doubtless be taken. The Mohammedan year consists of twelve lunar months only, and the beginning of it is also lunar, and hence is not at any fixed time, but retrogrades through the different seasons of the solar year, so that in about thirty years each lunar month will fall in each of the seasons. The French governor of Algiers has issued an order prohibiting the usual pilgrimage to Mecca this year on account of the cholera in Egypt. The last year in which the Hindoo in Mecca festivals and pilgrimages coincided was in 1865, and they will probably not occur coincidentally till about 1895, so that one great danger of an extensive outbreak will probably not be present this year, although it is to be hoped that the Turks, Persians, North Africans, will be equally wise as the Governor of Algiers has proved himself. Still it is very discouraging that two steamships have come from Bombay to Havre with cholera on board. How many cases of deaths occurred on the voyage has not been reported. It is generally supposed that the surgeons on great steamships are perfectly prepared to deal with the cholera, and not only stamp it out on board, but to carry out disinfection thoroughly, so as to arrive at the end of a reasonably long voyage with a perfectly wholesome vessel. In another view it is most fortunate that the alarm has been sounded early, and the whole civilized world will be on its guard. Every town, city and village should clean up. Wherever filth and filth diseases prevail, cholera may obtain a dangerous lodgment if it be introduced. The danger from cholera may be very slight for a long time to come; but that common decency and cleanliness which should prevail at all times and seasons, especially in the hot months, should be enforced, for no one knows when or how insidiously the disease may come. In 1865, a German woman fled with her children from Odessa, on the Black Sea, to her home in Saxony, near Leipsic. She traveled nine days and nights, and arrived with one of her children sick in Saxony just on the eve of the outbreak of the great Prussian and Austrian war. Prussian soldiers contracted it and carried it down into Bohemia, and handed it over to the large Austrian armies, and the Prussians on their return re-spread it into the northernmost parts of Germany. If that one case could have been kept back, these huge armies and many cities would have escaped. On the other hand, the very largest amounts of the disease may exist in other places, and yet other cities may escape if they take proper precautions. In 1871, there had been over 300,000 cases in Russia. From 1871 to December, 1873, there had been over 500,000 cases in Poland and Hungary, and over 70,000 deaths in Prussia. Yet England and the United States, with the exception of New Orleans, protected themselves perfectly. France, especially Havre, was not so successful. The quarantine at New Orleans was of the most careless description, and the death records were but little better, while only the fatal cases of cholera were reported; and not all of them, while the more fatal cases, of which many occurred, were almost entirely ignored. Still the history of the introduction of cholera in New Orleans in 1873 is among the most interesting and difficult problems which have appeared for a long time.

An Esteemed Chicago acquaintance sends us the following: "A physician living on the South Side was recently called in to catheterize the bladder of a man said to be dying

from kidney disease and suffering from retention. On his arrival he found the patient comatose, and in the care of two female physicians of the homœopathic persuasion, one of whom had been vainly endeavoring to reach the bladder with a female catheter, which she tendered him on his arrival, alleging as the cause of her failure that she was not accustomed to catheterize the male bladder. Saying that he had an instrument of his own, which he was used to, he drew off twenty-four fluid ounces, and retired with a firm conviction that this was one of those events which make one smile even in the presence of death."

A Man, aged Forty-nine Years, had a tumor in the neck, which rapidly increased in size, induced much pain and was associated with marked emaciation. (Berlin Klin. Woch., Med. Times and Gazette). The tumor, the size of two fists, occupied the left side of the neck, displacing the larynx to the right, and was crossed by large veins. No signs of pressure on the vessels or nerves were detected. The lungs yielded no physical signs of disease. Notwithstanding the connections of the tumor, its removal was decided upon. Much difficulty was encountered in the course of the operation. The internal jugular, being adherent to the tumor, was ligatured and divided. The vagus nerve was apparently much displaced, for it was divided under the notion that it was the descendens noni. Later on in the operation the vagus was again cut through, so that a portion of it about six inches long was removed. After the operation the pulse was one hundred and twenty. Some râles were heard in the left lung, and the left vocal cord was paralyzed. Six hours later the pulse was ninety; the respirations were thirty. After this the patient did fairly well till the tenth day, when fever set in; and on the twelfth a rigor occurred, which was repeated the next day. The patient died on the fourteenth day, only a little purulent sputa having been coughed up. At the autopsy some broken-down blood-clot was found at the site of each ligature on the internal jugular vein, but not an extensive thrombosis. The muscles of the left vocal cord were already in a state of fatty degeneration. In the bronchial tubes of the left lung only purulent matter was seen; the right lung was edematous and congested, but there was no bronchitis. The brain and the heart showed no morbid signs. Dr. Riedel, who had performed the operation, regarded the unilateral bronchitis and disease of the left vocal cord as directly dependent on the removal of the large piece of the left vagus nerve in the neck. The pyrexia and the rigor which ushered in death were looked upon as probably of embolic origin, though there was no post-mortem evidence to substantiate this view.

The Following generous recognition of the bravery of two medical officers in Egypt is from the Philadelphia Medical News of 14th October: "The engagement at Kassassin, in the recent Anglo-Egyptian war, afforded two illustrations of the bravery of the army medical officers which are worthy of being recorded, especially as in the English army the surgeons are classed as 'non-combatants,' and are persistently denied their proper rank and recognition. The only officer who was killed on this occasion was Surgeon-Major George Shaw, who, for the purpose of rendering assistance to a wounded man, voluntarily exposed himself to a scathing fire from the enemy. He was struck in the temple by a rifle bullet, which penetrated and lodged in the brain, and lived only about three hours in an unconscious state. During the same engagement some movement of the troops left the first company of the Army Hospital Corps in an isolated and dangerous position. The medical officer in charge refused to permit the work of dressing the wounded, many of whom needed instant attention, to be intermitted for a moment, and declined to make any change of position until that duty had been attended to. His men, some forty in number, accordingly filled their haversacks with sand, so as to form temporary breastworks, took the rifles of the wounded who were unable to use

them, and defended their charge until the arrival of the cavalry terminated the enemy's attack. These facts are obtained, not from the columns of the London daily press, nor from the illustrated weeklies, which are filled with descriptions and representations of the heroism of the Household Cavalry and the valor of the troops in general, but from modest notices in the correspondence of one or two medical journals. So far as we have seen, the lay press has had no word of commendation for the men who, relegated officially to an inferior social and military position, without the stimulus of the tremendous excitement of the officers who make or mar the game of war, and with little or no prospect of sharing the honors in the event of success, thus coolly and unflinchingly risk and lose their lives in the performance of their duty, not only upon the field of battle, but in confronting and combating disease in its manifold shapes. We have no wish to detract from those soldiers who have so well acquitted themselves during the recent campaign, but truly brave men can afford to give honor wherever and to whomsoever it is due. We should have been glad to see some mention of the medical department in the despatches, or some allusion to it in the encomiums upon the army with which the English press is now filled."

A Pittsburg Lady Doctor says that women can understand woman, and it often does a patient more good to talk to her of spring bonnets and wraps than is effected by medicine. Husbands and fathers want to look out for that lady physician. Instead of recommending fifty cents worth of aqua pura for a sick headache, she may prescribe a $14 bonnet and a $25 Surah overskirt, or something that way.

In Flatulence, Dr. Bruen prescribes a pill containing five grains of bicarbonate of soda and five drops of oil of eucalyptus two hours after meals. Pepsin or pancreatin with milk food and the mineral acids with meats should be directed to be taken immediately after meals.

Dr. John Meredith says (Birm. Med. Rev.): I have found the oleum menthæ pip. more effective than any other form of anodyne application I have tried, in allaying the painful neuralgic pain, so often piteously complained of in cases of herpes zoster. These distressing pains—worse in elderly people—are complained of often when the eruption has disappeared; but painting the affected parts over with ol. menthæ pip. nearly always affords speedy relief. I have painted the oil over the eruption when it was out in a fresh florid condition, and that with great relief to the patient. The value of this application in pains of neuralgic character deserves to be better known than it is.

The Use of Iodoform as applied to wounds as a dressing, by means of the alcohol or ether spray, has been closely investigated by P. G. Unna, of Hamburg (Thera. Gaz.). The author's results were so satisfactory with this method of applying drugs, that he used quite a number of remedies in different diseases in the same manner. The objection to the use of iodoform as a powder, is mainly due to the unavoidable toxic symptoms that arise in nearly all cases where an extensive surface is dusted over. Nor can its action be limited when untoward symptoms have set in, especially if the powder has been thrown into a cavity. The advantages claimed for the method of dissolving a drug in ether or alcohol, and then applying it by means of a spray, are many and important: 1. The spray has a tendency to relieve pain. 2. The surgeon can reach parts that are inaccessible when a liquid or powder is used. 3. The medicament is not wasted as by the other plans of treatment. In the following pathological conditions the spray is especially indicated: Inflammation of mucous surfaces (post nares), pharynx, urethra, rectum and vagina, especially in mucous surfaces where the excretions have a tendency to wash the medicament away. Chrysophanic ether spray may be employed in herpes tonsurans, favus, sycosis, parasitica and psoriasis capitis. Hydrate of chloral, in spray form, acts very kindly as a

local anæsthetic, where minor operations are to be performed. The collodion is applicable in cases where the drug will not adhere to the surface that must be treated; the remedy is applied first, then coated with the collodion spray, which, by evaporating, forms a covering. The following remedies are soluble in ether or alcohol: Salicylic acid, benzoic acid, acetic acid, chrysophanic acid, pyrogallic acid, citric acid, carbolic acid, atropia, codein, digitalin, santonin and all the alkaloids of cinchona, etc. Boracic acid, gallic acid, arsenic acid, oxalic acid, tannic acid, nitrate of silver, acetate of lead, chloride of zinc, caustic potash and a few others are soluble in alcohol only. This table is given by the author as a guide, since he thinks the treatment of wounds by the spray has a brilliant future.

Dr. Cervera gives a simple mode of distinguishing salivary stains from spermatic and others of similar appearance with which they may be confounded (Dub. Jonr. Med. Sci.). This distinction is often of importance in medico-legal cases. The piece of cloth containing the spot is by capillarity moistened with a saturated solution of ferric chloride; chemical reaction will give rise to a blood-red color in the case of saliva, but not in stains due to other fluids. Parotid saliva, especially after meals, contains the sulpho-cyanide of potassium, which strikes an intense red color in contact with ferric salts, although these may be present only in minute quantity. Such reaction does not take place in the case of pus, nasal or vaginal mucus, spermatic or gonorrhœal fluid.

Naphthaline has been employed by Dr. Lindenbaum in cases of frost-bite with success (Med. Record). The dressing is changed every seven to ten days. Sometimes the patients complained for two or three hours after the application of severe sticking pains, caused probably by some crystals of naphthaline. Judging from his experience the author thinks the remedy would be equally beneficial in burns.

From time to time we are startled by the news of a death following so closely on the sting of a bee that no reasonable doubt can be entertained of the causal relationship (Med. News). The occurrence undoubtedly belongs to the chapter of accidents; and an explanation can only be obtained by considering those kinds of things which are of exceptional nature. (The Lancet.) A sting of an ordinary bee on an ordinary man is perhaps never followed by anything more than a local reaction. To explain the lethal effect, therefore, we must suppose that the virus of the bee was of an unusual nature, either as a result of admixture from without or as a consequence of some disordered action of the physiological processes of the bee. If the fault do not lie in the insect, then we must turn to the other factors of the resultant effect. There can be no doubt that the injection of the venom directly into a vein is a very dangerous matter; and it is possible that this may be the accidental circumstance so necessary to afford a reasonable explanation. We learn from the Sheffield and Rotherham Independent, that a farmer, aged fifty-nine, in good health, working in his garden, was stung in the eyelid by a bee; the signs of collapse rapidly set in, and the man died within half an hour. It is worthy of remark that the daughter stated that her father had been twice previously bitten by a bee and was very ill on each occasion.

"Dr. Spina the assistant to Prof. Stricker, at Vienna, whose attack upon Koch's discovery of the bacillus tuberculosis must be fresh in the memory of our readers, has been nominated Professor of General and Experimental Pathology in the Hungarian Medical Faculty of the University of Prague. The appointment is considered to be a proof that Dr. Spina's researches are recognized as being thorough and exact, and doubtless in his new position he will pursue them more widely." This item has met our eyes in several medical journals lately, and while not disputing the main fact, it only shows that the editorship of a medical journal does not necessarily imply a knowledge of geography on the part of the

editor. Prague is the capital of Bohemia, and the Bohemians have a most bitter jealousy of the Hungarians as well as the Germans. Indeed to such an extent does this prevail that there are two separate courses of lectures at the University of Prague, in most of the branches of medicine, one in German and one in Bohemian or Czeckish. Conflicts between students of the respective nationalities are not infrequent, and more than once lives have been lost. A strong move was made last year in the Austro-Hungarian Parliament to either abolish the German part of the university, or make it separate and distinct, but failed. And this ill-feeling arises from the fact that Bohemia has lost its identity as a kingdom, while Hungary has preserved hers, and has a parliament of her own. The statement which was qoted then would make a loyal Bohemian gnash his teeth, and brings a smile upon the face of even a literary one.

From Experiment Dr. Vassilieff has found (British Medical Journal) that calomel, at least up to the amount of five grammes, does not interfere with the gastric juice nor affect the influence of the pancreatic fluid on albumen, fat, and starch. On mixing the latter fluid with fibrin and calomel the formation of indol, etc., always appearing as a result of prolonged digestion, is prevented. In the presence of calomel the gases generated in pancreatic digestion contain none of the usual products of fermentation and decomposition: sulphuretted hydrogen and pure hydrogen are absent; carbonic acid is diminished to from two to ten per cent; whilst usually from fourteen to fifty-four per cent is found in the gases evolved by the action of the pancreatic fluid. It prevents, in fact, all changes in nutritious substances except those caused by the digestive secretions, decomposition and retrogressive processes being entirely checked. Butyric acid fermentation is also prevented, as was found by experiments on cheese. The green color of the fæces passed by patients who have taken the drug is explained by the action of the calomel preventing the change of the bilirubin and biliverdin into hydrobilirubin, which takes place by a process of decomposition under normal conditions, and thus becomes unrecognizable in the excretion, the unaltered bile giving the green color to the stool. He has found that this action of calomel is due to its power over the micro-organisms occurring in the process of decomposition which takes place in food during digestion. It prevents the development of micro-organisms in the digestive fluids and destroys any bacteria and microccoci already developed. This fact was proved by artificial digestion, and experiments were then made to test its influence in natural digestion. Thirty grains of calomel were given to a dog in two doses and the animal was killed a few hours afterwards. A careful analysis was made, under all precautions, of the contents of the intestine, but neither indol nor phenol could be found. It should not be forgotten that other agents, as salycilic acid, also prevent the formation of indol, and that pancreatic mixtures, or infusions of pancreatic glandular tissue, undergo septic changes with great rapidity in spite of all precautions. None of these changes, nor any formation of indol, occurred in the food taken by dogs to which calomel had been administered, while leucin and tyrosin were found abundantly. Usually these products of pancreatic digestion are so rapidly decomposed that they cannot be detected in semi-digested fluids. Hence calomel has no influence on the action of the digestive fluids, but prevents those changes whereby the products of these fluids are rapidly decomposed and micro-organisms developed in great numbers. When calomel enters the alimentary canal, leucin, tyrosin, bilirubin and other substances remain unchanged, and bacteria are checked and killed.

The Medical Voyage of Life, as given in the Medical Record, is: First year: icterus neonatorum, hyperkinesis intestinalis, and vaccination. Second year: dentition, croup, cholera infantum, and fits. Third year: diphtheria, whooping-coup, and bronchitis. Fourth year: scarlet fever, worms and meningitis. Fifth year: measles. Now half the

children are dead. Seventh year: mumps. Tenth year: chorea and typhoid fever. Fifteenth year: hyperæsthesia sexualis. Sixteenth year: spermatorrhœa, chlorosis, and spinal irritation. Eighteenth year: blennorrhœa urethralis. Twentieth year: bubo, alcoholic cephalagia, vertigo. Twenty-fifth year: matrimony. Twenty-sixth year: insomnia de infanto. Thirtieth year: dyspepsia, nervous asthenia. Thirty-fifth year: pneumonia. Forty-fifth year: lumbago, presbyopia. Fifty-fifth year: rheumatism, alopecia. Sixtieth year: amnesia, deciduousness of teeth, bony arteries. Sixty-fifth year: apoplexy. Seventieth year: amblyopia, deafness, anosmia, general dyskinesis, atonic digestive tract, rheumatismus deformans. Seventy-fifth year: finis.

M. Malherbe, in a recent Thése de Paris, remarks (Med. and Surg. Reporter) that the frequency of the pulse in typhoid fever is not always in proportion with the elevation of temperature. The temperature often becomes very high without a corresponding change in the pulse, and inversely, the pulse may become very much accelerated without any extra elevation of temperature. In any febrile affection, where, with a high temperature, the pulse remains almost normal in frequency, typhoid fever should be thought of. The prognosis is not generally bad when the pulse remains at 80 or 90 beats per minute, even when the temperature amounts to 104° to 105°. But when the pulse is very frequent in conjuction with this high temperature, then the prognosis is grave. When, on the other hand, the temperature suddenly falls, while the pulse remains very frequent, the prognosis is equally grave.

Judging from Reports which have reached us, there seems to be a lack of good feeling among the members of the District Medical Society of Northwest Missouri. It seems that two prominent physicians of St. Joseph, Mo., made an effort to prevent the admission of a fellow practitioner to the State Medical Society, but failed. He was charged with having violated the code of ethics two and a half years ago, by using a card on which the names of his alma maters were mentioned. It then appeared to the friends of the doctor that everything was not straight in the record of his accusers. Charges were preferred and an investigation instituted. The result showed that the gentlemen were in a very questionable position themselves with regard to the code. Two professional cards were found two and a half by four inches—on one an immense illustration of the office building, horse, and buggy of one of the physicians; on the other a sensational and attractive portrait of the outlaw Jesse James, who was killed at that place. Besides this, the names of these two physicians were used as a standing testimonial in print of a famous sewing machine, newspaper locals of operations, calls, and cases were adduced, and the matter referred to a committee, which reported the locals ethical, but the cards unethical. A clear case of pot and kettle. The doctors threatened to withdraw from the society, but a motion was made to nullify or rescind the report of the committee, which was carried by a partisan vote of six to eight, thus exonerating the gentlemen and placing the society itself in the position of violating the code, and rendering itself liable to be rejected at the next meeting of the State Soeiety.

Once upon a Time a woman died, and as the mourners were carrying her to the grave they tripped against a stump and let the coffin fall. She revived, having been only in a trance. Two years after she really died, and as they were carrying her down the same road, and neared the same stump, the disconsolate widower sobbed, "Steady, boys, steady there. Be very, ve-ry careful."

A Case of unusual gestation and one of possible medico-legal interest is reported, (Deutsche Med. Zeit.) by Dr. Krueche of Marbach, which lasted three hundred and thirty days. The last menstruation was on July 2, 1882, the confinement May 30, 1883.

CONTRIBUTIONS.

REPORT ON GYNECOLOGY AND OBSTETRICS.

BY GEO. J. ENGELMANN, M.D.

[Chairman of Committee, to the Missouri Medical Association, at their meeting at Jefferson City, May, 1883.]

By the courtesy of our president I have been appointed chairman of the Committee on Gynecology. I believe that it is expected from the chairman of any committee to offer a brief retrospect of the progress which has been achieved in his respective branch during the past year. To the busy practitioner this is an almost impossible task, rendered especially so by the vast amount of work everywhere done by busy workers in this important branch, I may say, of medicine and surgery. New operations, we have none to record since the last meeting of this society. Some are now being tested, such as Porro's operation and Thomas', but these, performed in rare instances only, are hardly of practical interest to us. The features of leading interest in operative gynecology have been mainly the steady progress in the success and beneficial results of surgical interference; the advantages of antiseptic operation; the question of the use of Listerism in abdominal section; the gradual development of Battey's operation which is now finding its proper sphere as extirpation of the ovaries, widely different from the one first suggested by the originator; and what is perhaps of the greatest practical interest, the gradual advancement of Emmet's operation or trachelorrhaphy into its proper channel.

In the busy work everywhere done, individual operators have individualized their work. Modifications of operations, of instruments, of methods of treatment, have been advised, each deemed to be especially serviceable and especially successful by the one especialy skilled in the one manipulation, in the use of the instrument, which is of minor importance, and I would here refer only and that briefly to the points last mentioned: the use of antiseptics in gynecological operations, and operation for laceration of the cervix.

In speaking of the use of antiseptics in gynecological operations, I would make a distinction between operation per vaginam, or rather externally upon the vaginal tract, and abdominal section intra-peritoneal. With regard to the former class of operations I cannot but say that the results of a thoroughly antiseptic method have proven in my practice, at least, almost astonishing, and my results have been throughout such that I cannot but advocate the method most earnestly. It is a thoroughly antiseptic operation. The cleansing of the parts before operating; the use of cleansing injections even days before; the use of the hot douche of carbolized water during the operation; the hot douche, both as an hæmostatic and as a cleanser to free the parts of the septic matter and do away with the necessity of sponges, with carbolic acid added as a disinfectant. Carbolizing the silk which I now use altogether for sutures, carbolizing also the wound; dressing with iodoform, not sparingly used but in quantity; when the second dressing will only be found necessary after removing the sutures; when open, cleansing with carbolized water. The iodoform dressing is probably all that is necessary. For elytrorrhaphy, trachelorrhaphy, and whatever operations may be made upon the cervix or the body of the uterus, from within the vagina or the external genitals, this course will be found universally satisfactory. I might say, that not only there is no suppuration, but that often not even one single drop of pus is anywhere found. The union is always by first intention, and not even the stitches, if left in for ten or more days, cause the production of any visible particle of pus. Some little is found about the sutures, but never more than a few drops; rarely any at all. Absolute cleanliness might possibly achieve the same result; but although this might prove satisfactory during the operation, the dressing to my mind must of necessity be thoroughly antiseptic, and of antiseptics I have found iodoform to be for this purpose preferable to all others. I cannot but most heartily advocate a thoroughly antiseptic method in all operations upon the genital tract, but above all careful attention to the first dressing, when the second will rarely be found necessary until after the sutures are removed. With regard to abdominal section, the question seems an open one—the results of the ablest operators, some operating with antiseptics, others without, being equally good—the results of those operating without antiseptics being if anything better. This is a question between a few of the most skilled operators. Where the conditions are given for the observation of perfect cleanliness, surgically speaking, in all its details, antiseptics may not be necessary; but generally speaking, I would deem it dangerous to do away with this precaution. Provided the use of carbolic acid be not overdone and its dangers kept in view, it seems to me a matter of indifference what antiseptic is used. I have in two cases of abdominal section operated successfully with the use of Listerine for spray, dressing and sponges, and I believe carbolic acid may well be resorted to, provided it is used to a moderate extent. I fear that I lost my first case of ovariotomy from carbolic acid poisoning; and I certainly have seen ill effects in a number of instances—marked poisoning, simply from carbolic acid dressing to a small wound where

only a few stitches had been applied; carbolic acid poisoning from vaginal injections. However valuable as an antiseptic, we must not forget its dangers.

Emmet.

The operation first advised by Emmet for the cure of a lacerated cervix is perhaps at present calling forth more general interest than any other. Loudly vaunted by some, depreciated by others; frequently performed here, avoided there; some claiming marvelous results, others only failures, it seems gradually drifting into its proper sphere. This operation, peculiarly American, still seems to be looked upon with distrust in England, but has been readily accepted by the operators of Germany, where, however, it is more frequently combined with some other surgical interference. Sceptics ridicule the gynecologists with the apparently puzzling question, why years ago every cervix was cut; why now every cervix is sewed. Both operations, while novel, before their proper sphere was found, were overdone; each operator hoping to achieve the brilliant results which followed the first operations, leading to their great popularity. In the early days of an operation enthusiasts are liable to see cases far beyond the proper limits, and in their enthusiam report questionable results which spur others on, and failures are liable at that time to weigh too heavily in the scale. The uterus, perhaps, especially the os and the cervix, are the seat of still unknown nerve endings whose communications are often most marvelous and equally uncertain. We know how a contracted os, an erosion, or a small polypus in the cervix, causes the most distressing vomiting, convulsions or reflex symptoms of other kinds, which will be at once relieved by the dilatation of the os, the cauterization of the erosion, or the removal of the polypus, and yet in many other cases we find a contracted os, granulations or polypi without reflex symptoms of any kind, with perfect good health of the patient. So it is with a lacerated os. The most remarkable reflex symptoms, the loss of mental and physical power may follow in one instance, whilst in another a widely gaping os is accidently found in the examination of a patient, perhaps for pregnancy, in the best of health. Lacerations of the os are not necesssarily followed by untoward symptoms. A small laceration may lead to distressing reflex symptoms, to mal-nutrition, to gradual sinking; whilst in another case a large laceration may be without any evil consequences whatsoever. Hence, we may safely say that every laceration should not be operated upon; nor should the operation be performed until we have attempted to relieve the old morbid conditions which exist, and certainly whether the laceration exists or no, these accompanying morbid conditions should be relieved. As it is unquestionably of all minor operations upon the uterus the one which is followed by the most striking and brilliant results, it is worth our while to look more closely into the indications and to study the conditions under which it shonld be performed. Out of some thirty cases, I have in two only met with a negative result, and in one of these it was, at least partially, due to the early departure of the patient and accompanying unfavorable circumstances. The other is unaccountable to me. The symptoms were such as I have been in the habit of seeing, nor could I detect any other disturbances, and supposing this to be the only source of the reflex symptoms, I operated and operated again, supposing that possibly the result might not have been quite as perfect as desired, but without any result. The negative results are certainly in some instances due to the accompanying endo-metritis, and it has now become my rule in these cases to curette the uterus thoroughly, and only after I have thoroughly cleared the uterine cavity of diseased products do I close the laceration. As some lacerations exist without causing any disturbance, and as the reflex disturbances caused by the laceration are of the most variable kinds, it seems to me of the utmost importance to define the symptoms which come from the laceration and which might be quoted as indicative of operative interference. As there are but few local symptoms, the most important being of a reflex nature, it is difficult to determine definitely their character; but so many cases have passed under my observation, fortunately in a clientel whom I have been able to observe and to follow after the operation, who have been able to follow instructions strictly and understandingly, and above all who have well depicted their symptoms, that I would not hesitate now upon receiving the history of a patient to diagnose the condition, if it was that of laceration. We will always find that the patient has lost both in body and in strength. She is growing more feeble; has different nervous pains in the back and sides, and she will always refer the beginning of her trouble within a time more or less limited after a confinement or miscarriage, and usually that confinement will be found to have been a very rapid or a very tedious one, or to have been with a very large child; rarely if there was nothing unusual about the labor. Sometimes within the space of a month, sometimes three or four months, the patient begins to feel herself more nervous, the pains in the back and sides—usually the side of the laceration, or if bilateral upon the side upon which the laceration is the largest increase. These symptoms slowly develop. They are progressive, and as years go on the patient loses flesh. But in some cases where she does not lose flesh, she grows at least bodily weaker; her nerves weaken; she has

rushes of blood: she grows excessively nervous; has backache, pains in the side, becomes indifferent to work, cares for nothing, and so she slowly loses ground whatever the treatment may be. Local applications; uterine treatment which has been resorted to, tonics, whatever is done, though it may help her for the time, does not cure; she steadily grows worse regardless of the treatment. I cannot enter into the details of the reflex symptoms, because they are of all kinds; in the stomach, breast, heart and chest, but as a class I think we may group these symptoms as they have been grouped, and I would add, that usually standing, walking up stairs, riding in the street cars, and riding on a rough road, causes an intense backache and aggravates all the symptoms. Differing in their details in every case, they harmonize thoroughly in the general outline above given; beginning after a rapid or difficult labor, or one where a large head has been forced through an unyielding os slowly or rapidly; the weakening of nerve and muscle; indifference and even mental weakness and steady aggravation of the symptoms, notwithstanding any local or general interference. Nothing but the closure of the laceration can relieve her, and this affords marvelous relief. When the operation is done without an anæsthetic, as I now usually do it, I have seen the patient leave the table with the expression: "Doctor, I am a different woman." I have seen the backache, the pains, the nervous symptoms vanish in the course of a few days, but often certainly I have seen it take one and two months, the symptoms steadily disappearing, the patient losing her nervousness, appetite and strength increasing, and she certainly becomes in almost every instance a different woman, as I have again and again heard it expressed in those same words by various patients. Patients who have been enfeebled; who have been so reduced that they have been confined to their rooms, almost to their beds, for months and for years, have within a few weeks after the removal of the sutures, after the closure of the laceration, been so far improved as to be able to travel or to go about in pursuit of their duties. The local changes are equally marvelous. Accompanying the laceration is usually an enlarged, more or less prolapsed, retroverted, slightly retroflexed uterus and involution, more marked I might say than after labor takes place. Within a few weeks after the operation, even upon the tenth day, upon which I usually remove the sutures, I have found the uterus reduced in size, well up in the pelvic cavity and in proper position, and so it remains. In fact, I have been so confident of the rapid involution following the operation that I have in several cases, both in Vienna and Berlin, where the belief in the operation is not a very strong one, urged operators who were ready to amputate the cervix to desist from the operation and simply close the laceration.

So marvelous are in many cases the results of this operation, that judicious men have been led to doubt them, and but recently I was approached by one of our first physicians with the question of what I thought of this operation, which was now done so much. I can but say that where other disorders of the uterus or its surroundings exist, these should first be relieved, and if no marked improvement of the existing symptoms follows a brief treatment, the operation should be performed, although co-existing disorders should at the same time be remedied.

It has afforded me pleasure to have this opportunity of adding my mite toward the establishment of this most important operation in its proper sphere, and I trust it may not be long before we may be able to say that it has been truly defined.

A CASE OF MORPHIA POISONING.

BY JNO. D. S. DAVIS, M.D., BIRMINGHAM, ALA.

On the 8th of May last, I was called to see Sarah P—, colored, aged twenty-eight years, who had been suffering violently with pain in her stomach the night previous. I had been sent for at 6 o'clock A.M., and the boy failing to find me returned to the house to find the sufferer no better. She told her husband to go to the drug store and get some morphine for her, as that was what I had injected (hypodermically) before, to relieve her. He secured fifteen grains of morphia sul. of the druggist in one powder, of which he gave her one-half at 8 o'clock A.M. Very soon her suffering was relieved, and her husband left the room thinking his wife was all right. At nine o'clock her bowels were acting every few minutes, and she said to her invalid mother near her, "I will take some more of that medicine," which she did—leaving only one and three-fourths grains in the package. Her bowels soon ceased to act and she was in a profound stupor. I was called, and first saw her at 11:30 o'clock A.M. She had taken about seven and a half grains at 8 o'clock and five and three-fourths at 9 o'clock—in all thirteen and one-fourth grains. She was then in a state of profound coma, the pupils were contracted to the size of pin's points, the conjunctivæ were insensible, the respirations were seven every two minutes—equal to three and one-half per minute. The heart's action was very quick and irregular; the pulse could not be felt at the wrist. Coldness of the surface, cold sweating and the whole aspect of the sufferer only induced me to believe that I would soon be forced to see the victim sink without the means at hand to prevent death. Her jaws were in a state of trismus

so it was impossible to get anything into the stomach, as I had no tube at hand small enough to introduce through the nares, that I might inject fluids into the stomach. The treatment consisted in the application of heat, artificial respiration, faradization and the hypodermic injection of atropia. The patient received hypodermically one-sixth of a grain of atropia at 11:45 o'clock A.M., one twenty-fifth of a grain at 12 o'clock, and three-twenty-fifths of a grain at 1:15 o'clock P.M., in all one third of a grain of atropia was administered hypodermically. The artificial respiration was kept up from the time I saw her. Commenced electricity at one o'clock P.M., and kept it up every few minutes until 8 o'clock, when the patient could breathe without aid. At 10 o'clock she recognized me and said "let me rest." The effect of each injection was immediately apparent and raised the respiration four to five times per minute—the effect only being temporary after the last injection. This case is complete in all the terms of the problem. The important fact in this case is, the predominant effect of atropia on the pulse, respiration and cerebrum, and the apparently slight effect on the pupil. Knowing that the action of atropia preponderates and is more lasting than that of morphia, made the case one of much more interest to me, when I could see the good effect upon the respiration, heart and cerebrum, with no sign of dilatation of the pupils until 2 o'clock P.M., nearly two hours after the effect was visible upon the respiration, etc. There must have been a great deal of the poison eliminated by the bowels before the second dose was taken, but certainly enough of the morphia was absorbed to induce stupor and to have caused the death of the patient but for the timely use of its antagonist, atropia.

DEATH FROM CHLORAL, ADMINISTERED DURING AN ATTACK OF DELIRIUM TREMENS.

REPORTED BY DR. J. A. FORDYCE, HOT SPRINGS, ARK.

[Late House Physician, Cook County Hospital, Chicago.]

Jno. W———, æt. thirty-five years, admitted March 27, 1883. History of hard drinking for past two weeks. For the last two nights has been unable to sleep. Has taken no medicine.

Admission: Presents some agitation, tremulousness and mental confusion. No marked delusions. Walked into the ward and said he would be all right if he could obtain sleep. A mixture, containing chloral gr. xv. and potass bromid. gr. xxx, was ordered to be given every hour until sleep was produced. The first dose to be given at 9 P.M.

March 28th—4 A.M. Called at this hour to see patient, and was told by nurse she had given three doses of above mixture, followed by sound sleep at 11:30 P.M. Patient remained apparently all right until 1 A.M., when in passing the bed she noticed the breathing irregular and stertorous, the surface of body cold and extremities cyanotic. She surrounded him with cans containing hot water, and placed extra covering over him. No reaction took place, and at 4 A.M. he was in the following condition: unconscious; breathing stertorous and irregular. Respirations five to minute; surface cold; extremities and lips cyanotic; pulse feeble, 80 to minute; temperature, 93°, rectum. Pupils contracted and immobile.

Atropia Sulph. gr. one-fortieth was given hypodermically.

Whisky ℥ij per rectum. Artificial heat to surface.

4:30 A.M.—Pulse feebler. No evidence of reaction.

4:45 A.M.—Condition unchanged. Atrop. sul. gr. one-fortieth hypodermically and whisky ℥ij per rectum.

5:15 A.M.—Breathing more shallow, artificial respiration employed.

5:30—Death.

Autopsy March 30, 1883, sixty-four hours after death: body frozen; subcutaneous fat well developed. Lungs normal. Heart covered by an excessive amount of fat, somewhat above the average size; right ventricle contained an ounce and a half of fluid blood; valves normal. All abdominal organs normal except liver, which was found in condition of fatty degeneration.

Cranium—Brain and membranes normal.

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*THE PLEURO-PULMONARY COMPLICATIONS OF ERYTHEMA NODOSUM.**

BY DR. CHAS. TALAMON.

(*r.*) Whatever may be the opinion held as to the nature of erythema nodosum, there is one point upon which all authors seem to agree, and that is the benignity of the affection. Beyond a slight febrile movement, some small gastric derangement and a few articular pains, more or less acute, the local cutaneous phenomena constitute generally the entire morbid picture. This is a classical truth which is beyond question in the majority of cases. But, besides erythema of a simple and inoffensive nature, there exist varieties in which the symptomatic whole is intensified by details much more complex and by phenomena having a different prognosis. We will discuss some of these later on, and which some authors have endeavored to regard as distinct. For the present the following case, which is one of undoubted erythema nodosum, and which serves as a basis for this paper, will show that the gravity of certain forms of erythema nodosum is not less than

*Progrès Médical, April 14 and 21, '83.

that of the most formidable infectious fevers, and that death may be the consequence.

Case 1. Erythema Nodosum.—Right Broncho-Pneumonia—Fibrinous Pleurisy—Death. M——, aged forty-five, a millwright, entered the Hotel-Dieu, April 7, 1882, in the service of Professor G. Sée.

He was ordinarily of good health, non-alcoholic, never had syphilis nor rheumatism; merely subject to "take cold" easily for the last three or four years.

March 18, he took a severe cold with malaise and general lassitude, chills, anorexia, hacking cough, and abundant expectoration. He remained in bed up to the 25th. Feeling somewhat better, he tried to resume work, but continued coughing; besides this had pain in the throat and difficulty of swallowing; the anorexia and general malaise persist.

April 2. The patient is forced to bed again; his strength fails him completely; he has undefined pains in his legs; he continues coughing with a rather abundant muco-purulent expectoration; no appetite; a little fever towards evening.

April 3. An eruption of red spots on the right nates, which are painful, with the sensation as of a burn. During the course of the evening some red spots appear upon the left nates.

April 4th and the following days there appeared new elevated red spots upon the anterior aspect of the thighs, about the knees, and upon the internal surface of both legs.

Actual State. There is observed upon both lower extremities a very extensive nodose eruption. Upon the right nates there is a large patch, of the size of the palm of the hand, of a violaceous red, elevated with raised and somewhat irregular edges, and of a degree of hardness similar to that of sclerema, excessively painful when touched and pressed. Upon the left nates and the upper and external part of the thigh there are large analogous patches, separated by a few centimetres of healthy skin. The derma at the site of the spots is swelled, hard, painful, and of a violet red. Upon the posterior face of the thighs there are numerous nodosites, with a central projection of a dark red, the periphery being of a lighter red, almost rosy. Upon the internal aspect of the left leg, about ten analogous nodes are disseminated along the tibia and form projecting tumors, as large as a filbert, of a violaceous red, and very painful to the touch. On the left side there are but three, at the lower part of the tibia; there is seen besides above several red spots almost level with the skin, but very sensitive. On both sides pressure on the internal surface of the tibia is very painful in the neighborhood of these nodosities. There are no analogous lesions either upon the trunk or the arms.

The patient has a sensation of heat and burning where the eruption is situated. Besides this he complains of acute pains in both knees and insteps; but there exists no appearance of any articular swelling. There are pains in the throat; dysphagia; the pillars and the uvula present a diffuse redness, but unaccompanied by any swelling of the tonsils. The tongue is dirty; the mouth mawkish; frequent coughing and scanty muco-purulent expectoration. The sonorousness of the thorax is normal. There are large râles in both lungs. The beats of the heart are regular; no blowing sounds. The skin is somewhat heated. Temperature 38.6°C. The patient is very feeble; the face expresses a prostration entirely beyond the symptoms noted. Two glasses of Seidlitz water, wine of cinchona and of Bagnols are ordered.

April 8. Morning temperature 38°C. New nodes appear upon the inner surface of the left leg. Evening temperature 38.8°C.

April 9. Hacking cough; scanty muco-purulent expectoration. The articular pains have disappeared. The prominent spots of the nates begin to come down and become pale. Temperature—Morning 38.2°, evening 39°.

April 10. The large spots of the nates and thighs have a yellowish tint; still acute pain upon pressure; no new node has appeared upon the legs. Morning temperature 38.4°. In the afternoon the patient complains of repeated chills and of a pain in the right side. Upon auscultation only sonorous and mucous râles are to be heard; but the temperature rose to 40°. In the evening respiration has become more frequent and difficult.

April 11. Morning temperature 40°. Flatness in the middle portion of the right lung. There is heard in the sub-spinous fossa a deep bronchial souffle accompanied by rather fine sub-crepitant râles. The spots and nodosites of the lower extremities continue to diminish and take on a blueish and yellowish tinge, like that of an old ecchymosis. Wet cups on the right side of the thorax; 200 grams of rum in a litre of tea. Evening temperature 40.6°.

April 12. Morning temperature 40.2°. Flatness and increased vocal fremitus in the lower part of the right lung, posteriorly. Bronchial blowing and bronchophony in the subspinous fossa; crepitant râles in the axilla. On the left some sonorous and mucous râles. The sputa have not changed in character. Evening temp. 40.6°.

April 18. Flatness and bronchial respiration almost tubular in the whole lower half of the right lung. Crepitant and sub-crepitant râles upon coughing. Expectoration difficult, always muco-

purulent; no blood or rusty-colored sputa. The spots and notes of the legs have a yellowish ecchymotic tint; the patient no longer complains of any pain from this source. Morning temp. 38.4°; evening 40.4°.

April 14. Morning temperature 38.2°. During the night the patient was seized suddenly with a violent pain in the right side, together with considerable oppressive spells of suffocation, producing great agony. Eight cups produced but a transient relief. This morning he is suffering from intense dyspnœa, the respiration is short and spasmodic, the face pale, anxious and pinched, the nose and extremities cold, and he complains of an excessive pain on the whole right side. This pain is more marked at the base of the thorax, along the attachments of the diaphragm on the right side, and at the pit of the stomach. The pain is so great that percussion is impossible. On auscultation nothing is heard in the lower half of the right lung, no râles, or blowing or vesicular murmur. It is with difficulty that an enfeebled respiration in the upper part is perceived. On the left side respiration is about normal, with here and there a slight rhoncus. Injection of morphia. In the evening the dyspnœa and pain are less. Respiration is still hardly perceptible on the right; no râles. Evening temperature 40.2°.

April 15. Morning temperature 39.6°. Percussion gives complete dullness below and to the right, a marked want of resonance below the clavicle. The vocal fremitus, exaggerated in the beginning, is very feeble to-day. Below the clavicle is the form of dry crepitant râles, which are plainly audible when the patient is made to cough. At the base, posteriorly, there is a pleuritic, rough blowing sound with limited egophony. Mucopurulent expectoration, high-colored urine, giving with heat and nitric acid a rather abundant precipitate of retractile albumen. Evening temp. 40.4°.

April 16. Morning temperature 39.4°. Crepitant râles and bronchial respiration below the right clavicle. Intense tubular respiration in the axilla. Posteriorly complete dullness, absence of vocal fremitus, rough souffle and egophony. The erythema of the lower limbs has almost completely disappeared; there only remain a few spots of a yellowish-gray along the tibiæ. Evening temperature 40·2°.

April 17. No râle nor murmur is heard beneath the right clavicle; there is complete absence of respiration; upon percussion, complete dullness. In the axilla and posteriorly, intense tubular respiration, which is superficial and extending to the spine of the scapula. Temp. morning 39.8°; evening 40°.

April 18. Same signs. M. T. 38.8°; evening 40.6°. Sulphate of quinia 1 gram.

April 19. M. T. 38.8°; E. T. 40°.

April 20. M. T. 38°; E. T. 40°.

April 21. M. T. 38.8°; Complete dullness and absence of all respiration throughout the right lung; anteriorly and posteriorly, a superficial tubular blowing sound also heard at the apex and at the base. Egophony only in the axilla. The patient still complains of a diffuse pain in the whole right side. Scanty muco-purulent expectoration. E. T. 40°.

April 22. M. T. 37.8°; E. T. 39.8°.

April 23. M. T. 37.6°; E. T. 40°.

April 24. M. T. 37.8°. The physical signs are the same. Dry friction sounds and fine towards the spine of the scapula and the axillary line. No trace of the eruption remains. Evening temperature 40.4°.

April 25. M. T. 37.8°. The patient is becoming markedly enfeebled; emaciation and torpidity; diarrhœa with tympanites. Evening temperature 39°.

April 26. M. T. 37.6°. E. T. 39.8°. Died during the night.

Autopsy, made thirty-six hours after death. No trace of the eruption remains upon the legs. Upon opening the thorax a small quantity of fibrin, and serous liquid mixed with flocculi, amounting hardly to 300 grams, escaped from the right pleura. The entire costal pleura, as well as the diaphragmatic and pulmonary, was covered by a thick layer of lymph. This fibrinous exudation was remarkable for its thickness and density; it was torn off in large pieces of a lardaceous consistence. On the diaphragmatic pleura and upon the anterior part of the thorax it measured more than four centimeters in thickness; it is two to three on the posterior walls. The lung, compressed in thin fibrinous shell, is atelectasied, deprived of air and of a blackish color; but little blood follows a section; all parts sink to the bottom immediately when thrown into a vessel containing water. The left pleura normal. The lung, slightly emphysematous and congested, presents no induration, old or new. No tubercles.

The pericardium contains a few spoonfuls of serum. The heart is soft, but of a normal appearance. The right cavities are filled by a large fibrinous clot. The mitral and aortic valves are perfectly healthy. The liver and kidneys are congested and of a violaceous color. The spleen is not enlarged, but is softened, friable, and of the color of wine lees.

To sum up, a man aged 45, enjoying generally good health, is attacked with general febrile malaise, with angina and tracheo-bronchitis, without

any adequate cause. Upon the fifteenth day of the attack, which by reason of its persistence as well as the general debility it brings on is no ordinary cold, there appears a confluent eruption of erythema nodosum upon the two legs. The eruption persists for a week with a fever varying from 38.4° to 39°. On the 23d day, at the time the eruption commences to disappear and take on an ecchymotic tint, the patient complains of a pain in the right side. The temperature rises to 40°, and a nucleus of hepatization is discovered in the middle portion of the right lung. On the 27th day there is a new "stitch" of abnormal violence on the right side and accompanied by all the signs of a diaphragmatic pleuritis. Two days later we find new signs of a pleuro-pneumonia appearing below the right clavicle.

The fever, of a remittent and afterwards of an intermittent type, persisted, the normal temperature in the morning rising to 40°. in the evening, and the patient died thirty-nine days after the inception of the affection. The autopsy showed atelectasis of the right lung, surrounded by an enormous fibrinous exudation, which covered the entire pleura.

[CONCLUDED NEXT ISSUE.]

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Regnlar Meeting, July 16, 1883—Dr. D. W. Graham in the chair.

DR. H. D. VALIN read a paper on "The Mechanical Equivalent of Animal Heat," forming part of a "Manual of Biology" which he is writing. It gave the normal temperatures of various species of cold and warm-blooded animals, of certain plants which possess a temperature of their own, of hibernating animals, and referred sleep to certain changes of temperature. The relation of heat to growth was considered one of correlation, though not one of causation, as Carpenter had suggested. The slight effect of heat on proto-organisms, and its powerful absorption by mammals, was referred, to and the elementary composition of each, Dr. Valin's theory being that heat absorption increased as the atomic weight of the elements opposed to the heat, and that the higher animals contained more of the heavier salts. He also believed that radiant heat became animal motion in the organism, though the larger part of animal motion resulted from the oxidation or combustion of food. The mechanical equivalent of heat, as calculated by Dr. J. R. Wagner and ascertained by Jones, was stated, but that was no longer the unit in use. The unit now taken as the standard was 425 kilogrammeters, which is equivalent to a kilogram of water heated one degree C. or raised 425 meters high. This in English figures was "a pound of water raised one degree C. equals 1390 foot pounds." The best units of various substances in combustion were then stated, and the writer of the paper claimed an inverse ratio between these numbers and the atomic weight of the substance.

The experiments of Heim on human power of doing work were given, by which it was shown that man at work consumes five times as much oxygen as during rest; that it requires the combustion of 9 ounces of carbon in the human body to maintain work and life for 24 hours, and that a unit of heat is produced by man in 15 seconds, while a unit of heat in man required the combustion of 11 grains of coal, in an engine it required 9½, and in the open air the same quantity of heat resulted from the combustion of 2½ grains of charcoal. The views peculiar to Dr. Valin were: that the adipose tissue was the coal bin of the human engine, and should not be allowed to accumulate unduly, but be reduced by active work, in order to maintain health; that vitality was proportioned to the height of the temperature in any organism; that the heat of certain fevers often appeared as mechanical work in the form of violent delirium, and then was no longer appreciable as heat; that the endurance of cold was a mechanical work in the body, which generated an equivalent of heat; and that active bodily work abstracted heat from the body and quieted the mind in mania.

But as the machinery of an engine becomes heated by friction, and the furnace by contact, so human temperature rises a degree during work, and that was a measure of the work done. A rise of temperature in the brain most likely would give an idea of the mechanical work of thought, but this was more easily measured by the plethysmograph, which records the increase of the circulation in the brain during thought.

DR. W. L. AXFORD reported a case of dislocation of a cervical vertebra, with recovery. In reply to questions, Dr. Axford stated that "there was no paralysis from reception of the injury to recovery of the patient;" that he "discovered nothing in the way of crepitation;" that lateral motion of the head was pretty fair, and that the patient turned her head very nicely.

DR. C. T. FENN then presented a paper entitled "Acute Hepatic Abscess—Mistake in Diagnosis—Autopsy," as follows: F. K., a stout orphan boy, aged 14, born in Chicago of German parents, went to a farm at 7, and at 13 was doing a man's work, subject to man's privations and fatigue. He returned to the city, and was in comparative idleness a year, awaiting a job: timid, backward and easily discouraged. At length he entered a blacksmith

shop to make bolts. At this he worked very faithfully six weeks, until June 19th, 1883. On that day he came home with toothache, headache, and in three weeks he died. It is related that some two years ago he received a kick from a horse over his right side, his forearm being interposed. The injury caused him no serious trouble, although he fainted away at the time, and ever since he had been subject to pains in his right side each spring and as often as he took cold. On giving up work he took castor oil and went to bed. On the second day, his bowels having moved slightly, he had a feverish pulse and hot skin, a rotten breath, pains in his head, neck and limbs, and especially under the right breast. He took the deodorized tincture of opium, chlorate of potash in glycerine and water. At night a blister 4x5 was applied to the right side across the short ribs and above them. On the third day the fetor was corrected and the pain in the side was gone. There was remaining a coated tongue, thirst, headache, tympanitis, rapid pulse, high temperature, and a tendency to cough which caused pain in his side. On the fourth day he had a slight cough with every breath. There was decided flatness, as I thought, over the lower lobe of the right lung, extending from the nipple down. Poultices were applied from this time continually. Tympanitis, a perceptible bulging on the right side, and constant resting on his back caused extreme discomfort, with perceptible shortening of the breath. On the fifth, sixth and seventh days the temperature of the body was high, the pulse 100, all the time with increase at night. No tendency to any movement of the bowels, urine some darker than normal, but skin and conjunctiva unaffected. He had to sit up in an easy position to get rest from the pain caused by lying so long on his back. In this position the heart was noticed beating between the second and fourth ribs. Dullness on the right side extended to one and a half inches above the nipple. The cough was not long troublesome, seeming to have been removed entirely by use of salicylate of sodium. There was still a dark moist coat upon the tongue, marked thirst, tympanitis, and no movement of the bowels. Large enemas were introduced daily and were retained; he loathed beef tea, but found satisfaction in tea, coffee, milk and lemonade. On the eighth, ninth, tenth and eleventh days the treatment was by opiates, nutriment and poultices. On one of those days he evacuated the bowels copiously within twenty-four hours, the contents of the chamber being dark, thin and offensive. The tongue was clear and remained so. On the twelfth day he seemed much better. The fullness in the abdomen was reduced, and the lateral fullness gone down. He slept and ate with evident benefit. He left off the poultices and continued sitting for most of the time in his chair by day. But on the fourteenth day he was worse. The dullness which had been lowering in his side increased to its former stand. He perspired, had chills, and extreme fevers, at night more than in the morning. On the fifteenth day Dr. D. T. Nelson was invited to see him for the purpose of assisting in surgical interference should the diagnosis be confirmed—which was pleurisy, with effusions. We examined the case as carefully as usual, and although I acknowledge for myself not to have marked diagnostic signs of pleurisy, I was confident of the presence of a large quantity of fluid in the right side. My friend Dr. Nelson used the aspirator at a point about a third of the way from the median line in front to the spine, and between the eighth and ninth ribs. Pus was perceived directly, and a rather free opening followed by copious, sluggish streams of rather offensive pus closed the operation. It was dressed with tubes for drainage, and cotton soaked in carbolized glycerine. But here the diagnosis was strongly at fault. The touch of a long finger inserted directly into the wound perceived only smooth soft walls apparently held together by strong trabeculæ. From the position of the opening it was concluded that the lung itself was broke down, the site of the large abscess. The case of course looked almost hopeless, considering the rapid development. The fluid which escaped at the time and during the night was at least a pint. On the sixteenth day he was greatly relieved. The opening was penetrated by the long canula of a Davidson syringe, and washed freely with carbolized water, which all ran out again almost clear. He was so free from his former suffering, that it had seemed a work of magic. He sat in his chair by day, and slept well by night. On the eighteenth day the external wound was clean and dry. By means of a catheter the clear water used was made to flow five or six inches in one direction only, and ran immediately out again almost clear. Reasoning on the assumption that this had been an abscess of the lung, I thought it quite strange that the only constitutional symptoms were those of septicemia. He had a bad night. There were returns of chills every day and extreme heat. On the whole the use of the drainage tube and attempts at cleansing the interior were unsatisfactory, and while we were thinking of what new resort we should undertake he had a rigor, from which he did not rally and died on the morning of the twenty-second day.

Autopsy—Twelve hours after death, body preserved, surrounded by ice; distended and purple appearance of face, neck, chest and abdomen as if decomposition was quite advanced; incision from top of sternum to three inches below umbilicus; contents of chest exposed. The lungs were both healthy and both crowded up to occupy but half their nor-

mal space. The heart was beneath the second and third ribs. The liver on the right and left sides extended across the body on a line above the level of the nipples. The bloated stomach and intestines aided in forcing it up. The opening belonging to the abscess was directly over the thickest portions of the liver. About one-third of the organ seemed to be involved; the rest appeared healthy. It was not easy to see how the abscess had its origin. Besides an enlarged and softened spleen, no other observations were made. The peritoneum was not inflamed.

Dr. H. D. Valin.—It was my privilege to assist in opening a hepatic abscess. Prof. Ferger made the operation. The incision was about an inch and a half long. As soon as the lesion was reached the catheter was inserted, and about two ounces of pus oozed out. In the course of two weeks the case was well. There was no jaundice. The patient had malarial disease, something that pointed to affection of the liver about twelve years before. There was a great deal of pus, there was decided movement of the heart toward the left side; bowels had been rather costive; inflammation seemed to set in about nine or eleven days before the operation was made.

Dr. Curtis.—It has been my privilege to meet with four cases of acute abscess of the liver. Prof. Gross, of Philadelphia, says he has never seen a case. It is claimed by writers to be very rare in cold and temperate climates, though very frequent in warm climates. I see no reason why it should not be common in temperate climates. The structure of the liver renders it very prone to such inflammation. The first case was in the person of a young girl, about 12 or 14 years of age, in which the abscess had a tendency to point just beneath the ribs here (pointing), and as a dernier resort it was opened with the knife. Adhesion had formed in that case between the liver and abdomen. An inscision was made and from it oozed a mass of lumbricoid worms, about the size of my fist.

The second case was produced by exposure in a drunkard, who lay exposed to a storm on a hot summer night; was taken with acute inflammation of the liver. That also formed adhesions to the abdomen, and was opened with a knife.

The third case was in a lady 62 years of age. In this case there was marked jaundice, and acknowledged symptoms of septicæmia. In course of about two weeks the case was complicated with purpura. Commencing upon the forehead, it extended all over the body. In this case an abscess was first evacuated in the lungs. The patient rallied, and was up in a month. She was taken subsequently with another acute attack, when she felt something give away in her side, as she expressed it, accompanied by vomiting of matter. The patient had an immense cicatrix on her side, from the effects of a previous operation, at which time there escaped a large quantity of gall-stones. In this case of abscess, the cause was evidently impaction of gall-stones.

The fourth case was in the person of a railroad president, who went to New York and had the abscess aspirated by Dr. Frank Hamilton, of that city. These four cases seen by me have occurred near this parallel of latitude. I think they are more common than is generally supposed. All four recovered.

Dr. D. R. Brower exhibited a specimen of a heart with mitral lesion, secondary to endocarditis, which occurred a year ago in a young woman of 19. Dr. B. remarked that the interesting feature about the case is that lesion was unaccompanied by any murmur. I want to show this specimen as roughening of the mitral valve from endocarditis, in which there was no murmur during life. The appearance of the heart shows that there could be no inefficiency of the valves. I am very confident that the endocarditis began in puerperal fever that occurred a year before her death. In connection with this case—I haven't searched the authorities—I find that Troussea reports one case similar to this in which there were emboli in the brain, similar roughening of the mitral valve, and no murmur prior to death. One other case occurred in this city in the practice of Dr. Tucker, in which the aortic valve was found to have undergone degeneration. There was no murmur in that case either. The patient died from the effects of chloroform. Dr. T. had examined the heart of the patient frequently, and was quite confident that there was no murmur, although the arteries showed on examination atheromatous degeneration. This case is of especial interest too, and I would like to hear from members of this society. We have murmurs without valvular lesion; but if we have valvular lesions, *must we have murmurs?*

DISCUSSION.

Ques. Any dropsical symptons?

Ans. No, sir. I think that the valve was perfectly sound. I think that's the reason we had no murmurs. I am of the opinion that it had been so all the time, although she complained some of palpitation, shortness of breath under moderate exertion. Indeed, she had been altogether out of sorts since the birth of her child about a year before her death.

Ques. Would like to ask the doctor whether he resorted to the expedient of having the lady walk around the room several times, and then examine the patient?

Ans. I have frequently resorted to that expedient; but this lady was in no condition to walk.

Dr. W. L. Axford didn't see why vegetations could not exist without murmurs.

The society then proceeded to miscellaneous business, and shortly afterward adjourned.

CORRESPONDENCE.

Malden, Mo., July 21, 1883.

Editor Medical Review:

A late issue of the Medical Review contains a discussion on oxytocic properties of quinine in the St. Louis Medical Society's proceedings. Let me please make a few remarks on it.

In this malarious district, where every disease, even exanthematous, is complicated by malaria, quinine is our most important remedy. I have had to give it many times to women in pregnancy attacked with acute diseases, and I will give a short resumé of my own experience.

I had always a little fear of abortion when I commenced to practice in this country. I combined it with opiates and exhibited it in five or six grain doses every four hours. Never seeing any abortion or miscarriage when thus exhibited, I made notes in my case book and watched on the other hand what would be the result if the fever was not controlled by quinine. It always resulted in abortion or miscarriage, as the case might be. I have found several women threatened with it, when quinine in full doses would cut short the pains and the patient get up as soon as she got cinchonized. But I think that small doses, one, two or three grains, will stimulate the pains and be liable to give trouble; and again, if the patient has arrived at her full term quinine increases the pains. I have had patients with acute pneumonia four or five months pregnant to whom I gave quinine and stimulants, and they did not miscarry. I had not long ago a patient, a wife of a physician, who was threatened with abortion in her second month, as he supposed due to a fright. By a careful examination I discovered malarial fever, a foul tongue, the liver not acting, and she recovered under the use of quinine and mercury without aborting. A year ago I had a patient who was threatened every two or three weeks with miscarriage since her 5th month. I found the cause to be malarial; she recovered under quinine and went ten days longer than she expected to. People here have to live on quinine, as Dr. McDowell used to say, have to take for breakfast, dinner and supper, and when I find a person who is averse to it I give it in three or four forms, not stating what it is. One is a solution to be taken every three hours, the other powders given every four hours, and some pills at bed time.

Very respectfully,

E. von Quast.

BOOK REVIEWS.

The Untoward Effects of Drugs. A Pharmacological and Clinical Manual. By Dr. L. Lewin, of Berlin. Translated by J. J. Mulheron, M.D., of Detroit. Pp. 220. Price $2. Detroit: Geo. S. Davis, Publisher.

This most excellent work of Dr. Lewin's has appeared in another English dress, but this is the translation which was not only authorized by the writer, but revised and corrected by him, making it virtually a second and revised edition.

Of the work itself we can only speak in complimentary terms. It has received the universal commendation of the medical press abroad, and is, so far as we know, the only work on the subject of which it treats in any language. It will be readily conceded by all students that a book which shall give not only the commonly unpleasant effects of ordinary drugs, but all the rare cases collected from literature where unusual and untoward effects have been noted, would fill a most important void. Our United States Dispensatory and two or three text books do all this to a certain extent, but this work under consideration is devoted to it; hence its completeness. Copious foot notes on every page refer the reader to the original sources, so that he can, if he chooses, familiarize himself with the details of each case. To show the completeness of the work by an illustration, we find under the head of Balsamum Peruvianum that a severe attack of urticaria has been noticed after one inunction; and that eczematous eruptions of the skin are occasionally observed as results of its local irritant action, as we have ourselves seen. Again, Oleum Morrhuae, we learn, does at times cause eruptions on the skin, resulting from the presence of fatty acids in the circulation.

The translation is excellent, the general appearance of the book most attractive, and we commend it to our readers, knowing they will receive their money's worth.

Dr. Guillot states, in the "Progrèss Médical" for March 24th, that he has very successfully pursued the practice, introduced by Dr. Dop, of Toulouse, of injecting chloroform into the gingival submucous tissue in toothache, which proves far more effectual than the injection of morphine. He fills a Pravaz's syringe about half full, and introduces the cannula parallel to the body of the jaw, carrying it to a depth of about two centimeters and a half, so that it almost disappears amid the tissue. No inflammation or ulceration has ever followed the injection.

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 6. CHICAGO AND ST. LOUIS, AUGUST 11, 1883. TERMS: $3.00 A YEAR.

THE EDITOR of the Fort Wayne Journal of Medical Science reprints our editorial of a few weeks ago concerning Associations of Railway Surgeons, and our special reference to the methods of the Pennsylvania Company seems to have displeased him a little; principally, we think, because he did not catch its full drift. We meant no reflection, and make none, on the ability or reliability of the surgeons of that road; what we did and do condemn is that such an immensely wealthy corporation should try to get competent men to serve it for nothing or next to nothing, and that men of such ability as these surgeons possess should permit their services to be so far underrated and their self-respect so lowered as to be willing to serve the company for a pass over their division which they may never use. We say the system is all wrong. What does it amount to when, as Brother Stemen says, the officers of the company "appreciate the faithful services of their surgeons," when they pay them nothing. We are glad to learn that said officials have not so far lost all sense of right but that they can appreciate these services, but mere appreciation is very poor pay and does not support a wife and family. Moreover, these very officials when in need of a surgeon's services are very apt to go to some one they know is high priced, expecting to "pay high for a good article," and with a feeling that the man who puts such a low estimate on the value of his work is not the man for them,—which, of course, is a non sequitur. It is known to all who have to practice it that railway surgery takes more time, entails more loss, and is less satisfactory in most every way than any other; and then, after a busy practitioner has been compelled to suffer in this way, to have his hard work and responsibility rewarded by the very mild appreciation of a few under-officials of a millionaire corporation is not encouraging. No, then, we have a high appreciation for the surgeons of these companies, but a very low one for the company themselves, and for grounds as above stated.

SOME CURIOUS EXPERIMENTS on frogs, bearing on the predetermination of sex, were recently published in the Archiv für ges. Physiologie by Greisheim, and Pflüger (Medical Gazette). Though but little light is thrown on the predetermination of sex, some important facts regarding fertilization were developed by the investigations. The nature of these experiments were reported in the British Medical Journal as follows: "The researches were commenced by Dr. G. Born, who artificially impregnated frog spawn by applying to it the semen of frogs in full rut, and then brought up the tadpoles, killing them when they had reached the adult condition, and determining their sex. Ninety-five per cent. proved to be females, whilst in natural conditions spawn according to his experience produces male and female frogs in almost even numbers. Dr. Born attributes this increase in the proportion of females to the animal diet which he gave his tadpoles, which in the wild condition are vegetarians; and infers that the determination of sex is due to circumstances affecting the ovum after impregnation. Griesheim found the average proportion of the sexes in frogs under a year old to be naturally 36.3 per cent. males, and 63.7 per cent. females. Pflüger made his experiments from a series of adult frogs, all living in the same conditions. In order to test the relation of concentration or deficiency of semen as influencing the sex of future frogs, a number of eggs were mixed with ripe concen-

trated semen, 492 tadpoles hatched out of the spawn, and of these, 39.4 per cent. proved to be males; when semen concentrated with water was mixed with spawn, out of 209 tadpoles, 27.3 per cent. were males. Lastly, ripe spawn was fertilized with fluid taken from the testes of aged male frogs that had ceased to exercise sexual functions, and in due time perfect tadpoles were hatched, 35.3 per cent. becoming males. The average, on adding the above three groups of artificially begotten frogs, was 37.7 per cent. male, that is, almost precisely the natural proportion, according to Griesheim's experiments. Hence, the amount of concentration of semen appears to have no influence on determination of sex. Not content with these experiments, Pflüger began again last spring with a new series, taking every possible precaution to prevent the death of the youngest tadpoles. Three hundred and sixty-eight eggs (A) were fertilized with concentrated seminal fluid; 492 (B) with semen diluted with water. In A, the mortality was 1.3 per cent.; in B, 0.4 per cent. Three hundred and sixty-three remaining tadpoles were reared in two special ponds, and fished out two months later. Of A, 166 frogs were living; of series B, 204. Out of the total of 370 frogs, the proportion of sexes was almost balanced; in group A, 48.4 per cent. were males; in group B, 48.5 per cent. were of that sex. "Hence, under all circumstances, the concentration of semen has no influence in determinating sex—in frogs." Pflüger accounts for the very different conclusions following Born's experiments by showing the fallacies caused by the great mortality among the tadpoles which Born fed entirely on meat; out of 8,400 fertilized eggs, only 1,443 lived to adult age, and of these but 72 were males. In natural conditions, Born found that the excess of females over males was not higher than according to Pflüger's experience. Pflüger has continued his labors by endeavoring to discover if the relative proportion of the sexes, in frogs, be already determined before fertilization. He reared frogs from Utrecht, Königsberg, Glarus, and Bonn separately, but under the same conditions, and noted the different proportion of sexes in young hatched from the eggs of the Dutch, Prussian, Swiss, and Rhenish frogs; in all cases, some of the spawn was fertilized with pure seminal fluid, some with semen diluted with water. The proportion of males in the spawn from Utrecht frogs was 12.2 per cent. when reared from eggs fertilized by pure semen, and 14.1 per cent. when the fluid was diluted, the total average being 13.15 per cent. In the Glarus series, the proportion of males, under the same circumstances, proved to be 22.4 per cent., in the Bonn frogs, 35.7 per cent., and in the spawn of Königsberg frogs 48.5 per cent. All these frogs were reared at Bonn. Pflüger, continuing in his extraordinary zeal for the acquirement of precise knowledge, then endeavored to ascertain the proportion of sexes in frogs, actually hatched and reared in their native land, or rather water, proceeding of necessity to the above named places, where he found the proportion of males to be, at Utrecht, 13.2 per cent., Königsberg 46.9 per cent., and Bonn (taken from ponds in the neighborhood) 33.5 per cent. The close correspondence of these returns with the same in the case of the spawn of frogs brought from these places to Bonn is very noteworthy, and tends most strongly to prove that the sex of frogs was determined before the eggs, brought to Bonn, had arrived at that town. Thus differences of climate, of water, of nourishment, and even of method of fertilization proved to exert little influence on the proportion of sexes. Pflüger next made an estimate of the proportion of sexes in adult frogs reared, under protection from frog-eating animals, in their native waters, and found, the proportion of males to be at Utrecht 47.5 per cent., Königsberg 50 per cent. and Bonn 51 per cent. Thus the ratio for old frogs is nearly the same at Bonn and Utrecht, though it is very different in the case of young frogs. A male frog very rarely impregnates more than one female. Pflüger attempts to explain the significance of these proportions. He had found an irregular hermaphroditism of young frogs which causes the genital gland of young adults to

resemble an ovary when it ultimately develops into a testicle. The complete maturation of this hermaphrodite gland takes place in the beginning of the second year, so that in twenty year old Bonn frogs the males muster 40 per cent. The power of development of this irregular hermaphroditism depends upon race, and accounts for the remarkable differences in the proportion of males in different parts of Europe. In Königsberg this power hardly exists, in Bonn it is greater, in Utrecht greater still, and greatest of all at Breslau in Silesia, where Born carried on his observations. It is evident, Pflüger observes, that in order to search deeper into distinctions of sex, specimens with the least amount of irregular hermaphroditism, as those from Königsberg, should be examined, in order to eliminate sources of fallacy as much as possible. In the course of these experiments, it was found that the seminal fluid remained, within the testes, efficient for fertilization for about a month after the special breeding season.

We Clip the Following from a paper published in a flourishing Illinois town. It concerns a gentleman who is an ardent supporter of "the Code" (ethical), and who indignantly rebukes anything on the part of any of his younger brethren in the slightest degree calculated to go beyond its spirit or letter. Yet, as we have had occasion frequently to notice, nothing that he does ever escapes the watchful eyes not only of the editor of this particular paper, but editors of others printed in his county. Of course, no one would think of accusing this gentleman of high standing of procuring the insertion of these articles; perish the suspicion! It only shows what a grand thing it is to be such a popular practitioner, that when one pulls a tooth it appears forthwith in a rural sheet as a "difficult but successful extraction of a molar" by Dr. Blank, etc.: "Dr. —— is handling a very difficult case of optical trouble. A young lady from Iowa who has suffered terribly from a disease of the eyes was on the way to Chicago, intending to have both her eyes cut out. She stopped in Rockford and called upon Dr. ——, to see if he could do anything for her. He thinks that possibly the fearful surgical operation may be avoided and the young lady's sight restored." Has the practitioner of Pine Ridge moved west?

Dr. W. M. Chamberlain stated (N. Y. Med. Jour.) that three years ago, he reported to the society the case of a young, healthy woman whose menstrual interval was regularly twenty-eight days, who menstruated last on the 3rd of June, was delivered on the 6th of the following May, making the duration of intra-uterine gestation eleven months and three days. This patient was pregnant at the present time with her fourth child, menstruation having ceased on the 23rd of May, 1882. The duration of intra-uterine gestation, therefore, had already reached ten months minus three days. The occurrence of these circumstances twice in the same patient, he thought, established beyond doubt the fact that intra-uterine gestation sometimes continued beyond the ordinary term of nine months. He asked if it had ever been considered necessary in these cases to induce labor.

Dr. Brown, of Dorpat, has traced the origin of bothrio cephalus latus to the pike as the intermediate host, in which the certoid embryo exists as hydatids. He caused three students who never had tapeworm, and whose fæces were absolutely free of cestoid embryos, to swallow some hydatids of the pike. In little more than a month numerous eggs of the bothrio-cephalus latus could be demonstated in their fæces, and on the administration of anthelmintic, three full developed specimens up to the length of fourteen feet were produced. Of the pikes brought to market at Dorpat ninety per cent are infected.

A Case of Carcino-sarcoma of the uterus in a child two years of age is recorded in the Lancet. On account of difficulty in urinating, advice was sought, and a tumor was discovered, which was found at the autopsy, fourteen days later, to project from the fundus uteri.

Some years ago Prof. Dragendorff discussed, in a somewat elaborate essay, the relation between the chemical composition and the bonatical affiliations of plants, and showed that plants closely allied to one another frequently contain proximate principles of a similar character. (Therapeutic Gazette.) He gave as an instance the occurrence, in the gentian family, of bitter principles free from nitrogen, while certain other nearly related families are characterized by the presence of alkaloids in place of these neutral bitter principles. In the Asiatic species of strychnos, order Loganiaceæ, strychnine is found. In the American species, it appears that the strychnine is replaced by curarine. Strychnine and curarine show very similar reactions, particularly with concentrated sulphuric acid and potassium bichromate. Prof. Dragendorff throws out the conjecture that alkaloids derived from plants belonging to the same family, as, for example, gelsemine, in spite of their dissimilar physiological action, may be found chemically to be related to strychnine. This conjecture appears to find support in the chemical comportment, not only of gelsemine, from a plant of the same family, but also of quebrachine and geissospermine, from plants of the natural order of Apocynaceæ. All of these alkaloids produce similar color reactions with sulphuric acid and potassium bichromate, although the physiological effects produced by them are very diverse. In case two alkaloids are found in the plant, the second one also may show similar points of resemblance. Thus among the plants that have just been alluded to, nux vomica furnishes brucine, quebracho, aspidospermine and quebrachine, and geissospermum, pereirine, and geissospermine, alkaloids which present striking points of resemblance in their chemical reactions. Brucine and aspidospermine produce with perchloric acid a similar color, and pereirine shares with brucine the well-known property of producing with nitric acid an intense red solution. Concentrated sulphuric acid dissolves the alkaloid with a yellow-brown color. Quebrachine yields a similar solution; strychnine dissolves without color. Frœhde's reagent gives with gelsemine a color varying from fawn to reddish brown, which gradually passes into a yellowish green; Græbner has observed a similar reaction frequently produced by ptomaines. Sugar and sulphuric acid produce a cherry-red color. The reaction is very delicate. Unfortunately fats, gallic acid, aconitine, codeine and delphinoidine give the same reaction. When gelsemine has been extracted from the liver this reaction is of no value, since other substances derived from the liver accompany the alkaloid and give an identical reaction. Strychnine does not produce this coloration, but quebrachin does. The reagent employed by Brouardel and Boutmy for ptomaines, ferricyanide of potassium and ferric-chloride, gives also with gelsemine an intense green coloration. This is not produced by strychnine, and the ptomaines producing it have not been obtained from the stomach or intestines, but from the liver, kidney, etc., when in an advanced state of decomposition. Quebrachine also gives this reaction. Of the general reagents for alkaloids, phosphomolybdic acid, or the double iodide of bismuth and potassium, are those which indicate the most minute traces of gelsemine; Meyer's reagent gives a distinct indication with 1-20 milligramme of the alkaloid. Picric acid produces a precipitate in a drop of a solution containing 1-1000 of the alkaloid. Gelsemine may be distinguished from strychnine by its reactions: 1st, with concentrated sulphuric acid; 2d, with sulphuric tri-hydrate and potassium bichromate (or ceric oxide, or the peroxide of manganese or of lead); 3d, with ferricyanide of potassium and ferric chloride; 4th, with sugar and concentrated sulphuric acid. It is further discriminated by its physiological effects, and by the fact that it is accompanied, in the crude drug, or its galenical preparations, by æsculin. From quebrachin, gelsemine is distinguished: 1st, by the fact that chloroform extracts the former only from acid solutions; 2d, by the reaction (a) with sulphuric tri-hydrate and potassium bichromate (b) with Frœhde's reagent, (c) with sulphuric acid containing iron; and, 3d, by the absence of æsculin from quebracho bark. In

physiological experiments on frogs gelsemine produces effects entirely different from those of strychnine. It paralyses first the sensory and then the motor central ganglia, but does not produce tetanic spasms. With warm-blooded animals the symptoms develop in a different order. The phenomena produced in man are, dimness of vision, dilatation of the pupils, paralysis of the bladder, difficulty of swallowing, and finally death from paralysis of the respiratory apparatus. A series of experiments upon animals led to the following conclusions: After poisoning with the smallest fatal dose of gelsemium root, æsculin and gelsemine can be obtained in abundance, by Dragendorff's method, from portions of the body. Æsculin may be obtained from all the organs; gelsemine in the stomach, intestines, blood and liver. When gelsemine has been administered in a rapidly fatal dose by subcutaneous injection, it can be recovered only in traces, not sufficient for certain identification; at the best, one may hope to find it in the liver. Gelsemium sempervirens appears to have been first mentioned in chemical and medical literature about the beginning of the present century. It was described by Prof. W. Procter in 1852, in the American Journal of Pharmacy, and in 1864 was adopted into the materia medica list of the U. S. Pharmacopœia; it appears at the present time to have in that country a very extensive use. The plant has received several different names, and has been variously classified by botanists. De Candolle referred it to the Loganiaceæ, Decaisne to the Apocynaceæ, and other authors have placed it among the Scrofulariaceæ or elsewhere. In the National Dispensatory it is relegated to the Loganiaceæ, and is called "yellow jasmine;" this name, however, ought to be discarded, since there is in America a true jasmine having yellow blossoms with which this plant is liable to be confounded. In like manner the name gelseminum, which was at first given to this plant, ought to be avoided, since it was formerly applied to Jasminum officinale, Lin. On this ground the name gelseminine, adopted by Sonnenschein for the alkaloid of this plant, should also be rejected. In 1855, Kollock first obtained from this plant an alkaloid, which he found most abundant in the root. In 1870, Wormley described two substances as characteristic of gelsemium, an acid which he named gelseminic acid, and an alkaloidal base. In 1877, Robbins showed that Wormley's gelseminic acid was really æsculin, a glucoside found also in other plants. He assigned to the alkaloid gelsemine, the formula, $C_{11} H_{19}, NO_2$.

Mr. A. Yvert Records a very remarkable case in Recueil d' Ophthalmologie, March 18, 1883. It would appear to show that the well-known association of retinal changes with disease of the kidney depends on something more direct than the general systemic alterations in the blood or the blood-vessels to which it has hitherto been attributed. The only alternative view of the case seems to be that the absence of the one kidney was in no way accountable for the exemption of the eye, same side, from retinitis albuminurica, but each of these conditions is so rare that the co-existence of the two by chance is in the highest degree unlikely. The patient, a Spaniard, forty-three years, was admitted to hospital presenting an appearance of profound cachexia. There was general anasarca, signs of recent epididymitis, on both sides, hypertrophy of the prostate and hydrocele of the right tunica vaginalis. The urine contained muco-pus and albumen; only a few renal elements were discoverable under the microscope. The eyes were examined by Yvert on December 15th. The right was absolutely healthy; not a trace of obscurity, infiltration or hemorrhage of the retina. The left presented the characteristic appearance of albuminuric retinitis; two yellowish white patches near the optic disc situated behind the retinal vessels and thereby distinguished as degenerative and not exudative changes, and a large number of much smaller dots and patches arranged concentrically in the region of the macula, also a few punctiform hemorrhages; vision was practically normal, but patient complained of some slight mistiness.

Three days later the amount of albumen had much increased, and an examination of the eye revealed: right eye normal, both as to visual acuity and appearance of fundus; left eye, vision so far reduced that fingers could not be counted at a distance of a few inches, in the retina a number of fresh patches, both exudative and degenerative, occupying the whole region of the macula and extending slightly above and below the papilla, the disc itself intact and with well defined margins; five or six hemorrhagic spots in the region of macula; still three days later the albumen had increased and the general condition of patient was worse. The right eye was still normal; left eye, the changes in the retina were intensified and hemorrhagic spots had developed. Still three days later, a diminution of albumen appeared, and with it an improvement in the vision of the left eye. On the 15th of January, just one month after first examination, the left eye could again read large print, while the right was as before in possession of normal vision. The improvement was only of very short duration, and previous to death on the 17th of February the eyes were several times examined. The left eye continued to degenerate as the disease increased, while the right eye remained normal till the death. Post mortem examination revealed the absence of right kidney, right renal artery vein and ureter; the right supra-renal capsule occupied its usual place and was of normal dimensions. The space usually occupied by the kidney was filled with the hypertrophied right lobe of the liver; the left kidney occupied its usual position, stood quite vertical and reached downwards to the level of the third lumbar vertebra, being surmounted with the supra-renal capsule. Its volume was about double that of the normal kidney, its weight with capsule 360 grammes; macroscopically and microscopically it presented the changes characteristic of the large white kidney—parenchymentous nephritis. Yvert calls attention to the extreme rarity of unilateral albuminuric retinitis. In eighty cases examined by himself both eyes were affected. This corresponds to the experience of all writers, Warlomount, Abadie, Leber, etc., on the subject. It is true that one may be more affected than the other, but in this case it will be seen that the right eye, the side on which the kidney was absent, remained normal both in vision and ophthalmoscopic appearance until death. The current theory which attributes the retinal disease to the depraved condition of the blood, together with the cardiac hypertrophy and alterations in the blood-vessels, is insufficient in the present case; the supposition, therefore, is that there exists a reflex nervous influence as the active exciting cause. In support of his theory Yvert refers to five cases detailed by Professor Potain in Gazette des Hôpitaux, which show an injury from a blow on the one side to be followed by a persistent œdematous condition of a whole or a part of the same side, remote from the seat of original injury. "The author urges the necessity of a careful examination of the sympathetic trunks in cases of inflamed kidney and retinitis followed by death.

Dr. Arnoldow relates (in Deutsche Medicinal-Zeitung) the case of a man suffering from hæmoptysis, who was also threatened with delirium tremens. Chloral had been given for the sleeplessness, but without effect. Upon the administration of ergotine, not only did the hemorrhage cease, but the symptoms of alcoholism also subsided. This happy result induced the author to give ergot in several other cases of mania-a-potu, in all of which the delirium was speedily controlled. Dr. Arnoldow explains this action by the contraction of the blood-vessels of the brain induced by ergot.

From a series of Experiments upon tubercle-inoculation, and the effects upon the process by different disinfectant agents, M. Vallin has found sulphurous acid the most efficacious in preventing contagion. He therefore recommends that, in hospital wards where the air is infected by tuberculous patients, from time to time the rooms should be vacated and thoroughly fumigated with sulphurous acid.

Prof. Kobner relates a case which still further confirms the value of Fowler's solution of arsenic in cutaneous diseases (Nashville Med. Jour.). Two years ago, the patient, who was eight and a half years old, and has always been delicate, developed sarcomatosis of the skin, which gradually spread, until almost the whole cutaneous surface was affected. Köbner commenced injecting Fowler's solution in distilled water, in proportions of one to two; from two and a half to four drops of the arsenical solution being used at each injection, thrown under the skin or into the muscular tissue of the gluteal region, and into the stroma of some of the large tumors. In three months five injections were made, ʒij of Fowler's solution being used. At the end of three months the tumors were considerably diminished, having disappeared in some places, leaving a brownish cicatrix. Equal parts of the arsenic solution and distilled water were then used, six to nine drops being injected; in forty days ʒiv of Fowler's solution being used, with progressive amelioration of the symptoms, the lymphatic glands being greatly reduced in size, and the liver and spleen reduced to the normal diameter. The quantity injected was then gradually reduced, and in one year from the commencement of treatment, nothing was left of the disease except a few cicatrices showing the former position of some of the larger tumors.

Sanitarians find no Disease more interesting to study, in regard to its producing causes, than diphtheria (New York Medical Journal). A recent outbreak, apparently spread by milk, appears in a recent issue of the British Medical Journal. A peculiarity of it was that it fell among persons of high social position. At the time of the inspection by the local government board the number of known recent cases was thirty-one, of which five had proved fatal. The houses were mostly in elevated, open situations, with nothing in their sanitary condition to account for the disease, and in few cases only was there known exposure to a previous case. Suspicion fell upon a dairy from which the greater number were supplied. Visiting the farm, no abnormal conditions were found, and no cases of recent sickness could be discovered among the residents connected with it. At the milk shop, as well, the residents were well, but a case of diphtheria had occurred next door. In a narrow yard back of the shop the cans were washed in town water boiled in a small outhouse. This building was divided by a partition from the water closet, and on pouring benzoline into the drain of the next house, where diphtheria had occurred, the smell appeared in the closet. It seems reasonable to suppose that the infective matter may have gained access to the milk by wiping out the cans with cloths in the narrow yard, where they had contracted impurities from the atmosphere.

"Some Years ago, when the American Medical Association met in Baltimore (Medical Gazette), I found myself one evening in the drawing-room of Barnum's old hotel with Drs. Wm. Gibson and Nathaniel Chapman of Philadelphia, and Dr. ——, an equally celebrated physician, of New York. The subject of conversation being snakes, Dr.——, of New York, said he knew it as a fact that snakes not only at times make a hissing sound, but that they would swallow their young. "Having surprised a female serpent," said he, "while she was warming herself in the sun, she suddenly made a hissing sound, opened her mouth wide, when full half a dozen young snakes ran down her throat and disappeared. Dr. Chapman having listened attentively, immediately leaned forwards and said: "Dr. ——, don't you think that was a large dose of Serpentaria?"

Dr. Hutchard (Hôpital Tenon) employs the following anti-asthmatic mixture, especially when the symptoms of bronchial catarrh are added to the attacks of asthma: Distilled water ten ouncee; iodide of potassium, 2 1-2 drachms; tincture of lobelia, 2 1-2 drachms; tinct polygala 2 1-2 drachms; aqueous extract of opium, 1 1-2 grains. A tablespoonful to be taken night and morning.

Last February a New York hotel porter by name of Banks contributed eight and a half ounces of his blood for the cause of science and the life of a Mr. Okenberg, who had blown out the gas in his room and had thereby become asphyxiated, and into whose veins said blood was transfused with happy effect. Banks estimated the worth of his vital fluid at ten cents a drop; 2,500 drops at ten cents equals $250. Hence he sued Okenberg for the above amount. On the 20th of July, Judge Kelly, after carefully revising the estimates, awarded him $197.90, plus $12 costs. Whether the court was of the opinion that eight and a half ounces were not equivalent to 2,500 drops or the value of each drop was over-estimated is unknown, and hence the value of human blood is only approximately settled. Thus we see how hard it is to obtain exact knowledge even in these days of scientific accuracy.

During the last ten years there has been held annually in Germany a session of a congress, or union of medical men, representing the various medical societies of the country, having for its object mainly the guidance of medical ethics. (Lancet, Med. News.) Prof. Virchow—than whom none has been more zealous in upholding the honor and dignity of the profession—has unwittingly and, as we think, unjustly fallen under the ban of this body. He has been charged with giving a testimonial to a secret remedy, the pilulæ Helveticæ of a Dr. Brandt, of Schaffhausen; and doubtless many of our readers have themselves received the laudatory notices which accompany these famous "pills," the distribution of which has not been limited. Virchow, in a letter to the Berliner Medizinische Wochenschrift, marvels at the amount of displeasure which he has apparently incurred. He says that he received some of the Pilulæ Helveticæ last winter, with a letter from Dr. Brandt asking him to give them a trial. Some time afterward came another appeal, and being himself in the need of such a remedy, he tried their effect upon himself. The result was so satisfactory that he penned a few lines to the inventor, which the latter forthwith published without Virchow's sanction, pleased, no doubt, when such testimony came from so high a quarter. From that time Virchow has had no peace—letters and circulars, signed and unsigned, have been addressed to him, complaining that he was violating the ethical law in giving a testimonial of a secret remedy; and this has culminated in the remonstrance addressed by the chairman of the committee of the Aerztevereinbund. The committee also procured an official analysis of the pills, which, however, only went to show that their composition was nothing very extraordinary. Virchow denies that he ever gave a testimonial at any time for these or any other pills. He withdraws from the Bund, and appeals from its arbitrary action to his medical brethren at large to pass a judgment free from the paltry and narrow trades-unionism which characterizes this act. The editor of the Berliner Med. Wochenschrift, Dr. Ewald, also strongly deprecates this mistaken zeal of the Bund in attacking a man like Virchow at the instance of apothecaries, who notoriously strive in every way to advertise their wares, and points out that the advertisements of these "pills" differ in no respect from those which appear in his journal every week. The incident is to be regretted, for had Virchow really lent his name to a testimonial in favor of a secret remedy, the Bund might be praised for not hesitating to take action against so eminent an authority. But seeing the circumstances under which the offending lines were written and the fact that the composition of the pills is made no secret, Virchow should not have been subjected to molestation. At the most, he might have been asked to insist on the withdrawal of the publication of his letter, for which, indeed, he never gave permission.

Mr. J. Brown, of Bacup, observes (Brit. Med. Jour.): "Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium, without its evils. In dysmenorrhœa and insomnia it has not proved of much benefit. The drug has almost in

variably produced some marked physiological effect even in small doses. Text-books give the doses as ten minims and upwards, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results; for this reason, it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The modus operandi I cannot explain, unless it be that it diverts a large proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient; the following is the prescription: ℞. tincturæ cannabis indicæ Mxxx; pulveris tragac. co. ʒj; spiritus chlorof. ʒj; aquam ad ℥ij. One ounce every three hours. Four years ago I was called to see Mrs. W., age 40, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent for a bottle of the "green medicine." I learnt afterwards that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few, that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora."

Dr. Moritz Schustler reports the following interesting case from Billroth's clinic: (Lancet.) A married woman who had had six children and one miscarriage had suffered from the following symptoms for four years: Intense pain in the hypogastrium at intervals, gradually growing worse, accompanied by fever and tenderness; later shortness of breath and palpitation of the heart, frequent micturition and constipation. A tumor was first noticed five months before the operation, in the left side, the size of an apple, which grew rapidly, so that at the time of the operation it reached almost to the false ribs. Loosely connected with it was a second tumor to the right, and not so large as the first. There was only slight mobility, the surfaces were nodulated, there was no fluctuation. The uterus seemed pushed to the left side and behind. The operation was done without spray, but under strict antiseptic precautions. On reaching the tumor, and attempting to lift it out of the abdomen, it was found to be closely adherent to the upper part of the posterior wall of the bladder. As the tumor seemed to be malignant, Prof. Billroth decided to excise the adherent portion of the bladder, and a piece three centimetres long and two centimetres broad was removed. The wound was closed by six fine silk sutures. It was then found that the posterior surface of the tumor was so firmly adherent to a part of the small intestine that it could not be dissected off. A piece twelve centimetres long was therefore cut off, and the two ends of the severed intestine joined by fourteen sutures, five internal at the insertion of the mesentery, and nine for the rest of the circumference. The rest of the operation presented no especial difficulties. The convalescence was undisturbed by any complication. Flatus passed on the second day, and on the sixteenth there was an operation of the bowels following an enema. The catheter was used for the first few days only. On the twenty-fourth day the patient left the clinic well. According to later accounts the woman is in perfect health, and fifteen months after the operation there has been no sign of a recurrence.

J. Kocks, of Bonn, thinks he has found the remains of the excretory ducts of the Wolffian bodies, which in the pig and some ruminants persist as the ducts of Gaertner. (Archive für Gyn., Band xx., Heft 3.) He has been able

to demonstrate two tubules which open near the orifice of the urethra, and run parallel with its course for from five millimetres to two centimetres in length. A sound one millimetre thick easily penetrates. He does not think it possible that they are the opening of glands, as at their end he could, neither with the naked eye nor with the microscope, determin the presence of gland tissue. He concludes that they are the Wolffian ducts, which are the homologue of the ductus ejaculatorius in the male. These open, together with the orifices of the prostate and the utriculus vasculinus, into the urogenital canal, at a point which corresponds with the vestibulum vaginæ in the female. Hence he concludes that the ducts of the Wolffian bodies should open outside of the hymen, and reasoning from the position of the ducts of Gaertner, as found in some lower animals, close to the urethra. The little papillæ on which the openings are often found he compares to the little elevations of the caput gallilaginis where in the male the seminal ducts usually open. Skene, in the American Journal of Obstetrics, for April, 1880, has apparently described the same structures, and calls them glands. He says: "The upper ends of the tubules terminate in a number of divisions which branch off into the muscular walls of the urethra. By injecting the tubule with mercury, and then laying it open, the openings of the branches can be easily seen." Skene says they may be the seat of an inflammation which will give rise to most annoying symptoms, and yield with difficulty to treatment.

In the Journal de Medicine de Paris of December 16, 1882, are collected the results obtained by several observers in the prevention of abortion and premature labor by asafœtida. (Medical Record, March 24th.) Dr. Laferla, acting upon the theory that the death of the fœtus was owing to an asthenic condition of the uterus, administered the drug in a number of instances. In nearly ninety per cent. of the cases so treated, the patients (who had aborted from two to five times in former pregnancies) went on to full term. Drs. Giordano and Carzani announce equally favorable results, though the number of their cases was smaller. The latter prescribes the drug in pill form in doses of one and a half grains twice a day, gradually increased to twelve grains per diem. Dr. Gourgnes recommends the administration of asafœtida, in emulsion with the yolk of an egg, by the rectum.

Living, Lucocythemia; Dead, Tuberculosis. At the Société Médicale des Hôpitaux (Revue Médicale) A. Robin exhibited specimens of general tuberculosis from a subject who during life was supposed to be suffering from a clear case of leucocythemia, tuberculosis not having been suspected. The subject was a young man, twenty-four years of age, never having been sick previously, but on his entering the hospital presenting all the symptoms of leucocythemia—large glands, liver, spleen, excessive number of white corpuscles, excessive secretion of uric acid. Nothing was wanting to establish the diagnosis. The autopsy, however, revealed general tuberculosis of all the lymphoid organs even to the tonsils. The suprarenal capsules were riddled with tubercules, and yet the skin showed no trace of pigmentation. The conclusion of Mr. Robin was, that one form of tuberculosis exerts its influence especially on the lymphoid organs, presenting all the appearances of leucocythemia.

Dr. Charles T. Rogers, of Honolulu, Hawaiian Islands, writes us regarding ergot in the treatment of congestive headache, referring to an article by Dr. J. L. Corning (in the Record of December 23). Dr. Rogers thinks that the value of ergot in this trouble is not appreciated. He gives it in large doses (ʒj. of fluid extract), and would not be afraid to repeat it within an hour. He combines it generally with a full dose of bromide of potassium (gr. xl. or more). The combination is much more effective than bromide alone. Dr. R. says that he is not at all afraid to use ergot in large doses. He has seen ℥ss given for pulmonary hemorrhage without toxic symptoms following.

CONTRIBUTIONS.

IS DISEASE HEREDITARY?

BY G. V. WOOLEN, M.D.

[Read before the Mitchell District Medical Society, Mitchell, Ind.]

The difficulty in accounting for the so-called hereditary diseases has given origin to the thoughts contained in this paper.

Accuracy is no more desirable or necessary in the pathology and treatment of disease than in its etiology. In no department of medical science is this want of accuracy so manifest as in the study of the causes of disease. He who studies therapeutics without a supreme regard for accuracy in etiology will surely fail.

So long as disease was regarded as an entity, the visitation of evil spirits, or some other vague influence which invaded the animal economy, exorcism, polypharmacy, and force, were resorted to as the commonest agencies to right sick men.

But as we narrow the field and trace the causation of disease to specific sources, so do we simplify our therapeutics. Nothing is more destructive to polypharmacy than a correct knowledge of the cause of disease. In this day, when specific causes are regarded as the foundation of so many diseases, it becomes us to be more guarded than ever before about generalizations. The germ theory has awakened expectations which were undreamed of a generation ago.

If we recognize specific causes we have something definite to antagonize, and oftentimes by eradicating co-operating influences such as unfavorable hygienic surroundings the disease becomes preventable, or harmless in running its course.

There is much confusion in reference to the subject of the transmissibility of disease amongst authors. They speak of "hereditary disease," "hereditary tendency," "hereditary diathesis," "predisposition," vulnerability of constitution," etc., and use the terms interchangably. There must be a want of definite understanding when such diverse terms are used.

It is noticeable that they invariably argue the possibility of the hereditary transmissibility of disease, from the common observation of the transmission of peculiar features and physical structure.

But we wish to call attention to the fact that it is the transmission of *physiological* and not *pathological* traits and peculiarities—that morbid processes are secondary and not primary.

It is presumed by all who believe that disease is hereditary, that some morbid element can be imbibed or grafted upon the original cell life, and become a part and parcel of it, to be developed afterwards as the original elements of the cell are developed.

Let us look at the process of fecundation a moment, and see if such presumption is warranted. We find there are two factors, the sperm cell and the germ cell, or the spermatozoid and the ovule, the former a mass of protoplasm with ciliary appendage—the latter a minute cell, the wall being formed by a structureless transparent membrane containing a granular semi-fluid mass, having suspended in it a nucleus or germinal vesicle containing a nucleolus, or germinal spot. The spermatozoon penetrates the wall of the ovule, its tail is absorbed, the head is metamorphosed and it unites with the elements of the germinal vesicle, and we have impregnation. Now, here are, on the part of one parent, no elements for a basis of future life, but a simple mass of protoplasmic material of the smallest possible amount, to enter into competition with that of a much more perfect organization, on the part of the other, the latter to be sustained from maternal sources until perfect life is obtained, in the matured fœtus, at birth, and even much longer.

Yet, we are told, the influence of parents shall be equal or nearly so in thus propagating an extraneous or diseased agent. To believe it we must accept the cause of disease to be some ethereal, intangible influence, outside of the domain of physiological and pathological science.

Just here we may also notice a law of heredity which seems destructive to the idea that a germ, or element of disease is thus propagated, *i. e.*, that the so called hereditary diseases very often skip a generation, to reappear in the second or even third. It would seem that there could be no satisfactory explanation to this if disease is transmitted. The latency of the manifestations of some of these poisons, so called, also offers another difficulty to the acceptance of the belief of transmissions. Advanced age often occurs before any trouble is experienced.

The doctrine that "like begets like" fails also to support the argument, whereas it abundantly sustains the opposite. It would seem to be just the one we would most depend on to establish such doctrine. It is true we are about to accept the doctrine of the evolution of species, which would seem to give additional assistance to the hypothesis, but this evolution must take place after a long line of modifying influences so co-ordinating each other that a known fixed law shall be modified. We see no sudden transitions from one to another, so we are prone to regard the laws of nature as immutable. Wheat is wheat, though it be Mediteranean or Fultz. True, there are blighted grains on stalks from apparently sound grains of seed, but it is well known why they are blighted, not the fault of the original germ but of extraneous influences.

But we may not go further until we offer what we would regard as a satisfactory explanation of

this expression of disease. That it is possible for animal life to take upon itself what we know and regard as disease we believe. And we believe also that disease will so modify our systems that we may not be able to propagate a good type of physical life.

That which is called "the law of the survival of the fittest" seems to us to have its counterpart in the survival of the unfittest to a certain extent.

The importance of studying the law of the transmission of physical properties in animal life is apparent not only in natural science, but also in social science. Justin Morgan had the remarkable power of so transmitting his wonderful physical powers that the Morgan blood in a horse is yet highly prized, although diluted by many generations of mixture. Rysdic's Hambletonian had the power of handing down to his posterity a muscular action and power of endurance that has filled the land with trotting horses whose exploits border upon the marvelous. The Jersey cow furnishes a posterity whose milk is half cream. The pointer dog will transmit his power to scent a bird though much to the leeward. Intelligence and virtue as the result of peculiar physical type conformation is well known to follow in families.

On the contrary we have the worthless of all germ of animal life with no physical properties above the lowest of animal life. The scions of one of these royal lines of animal life, if continually subjected to deteriorating influences, will eventually give us a specimen as common as the veriest scrub.

When the nutritive processes are disturbed and the vitality lowered the type is changed. So, that if we were to formulate our belief, we would not say "hereditary *disease*," for disease cannot be transmitted from ancestors—cannot be engrafted upon their procreative material prior to fecundation. Nor would we say "hereditary *tendency*," for that supposes that tissue is endowed with a peculiar diseased propensity, akin to actual disease, to develop intrinsically a morbid process, partaking of the active rather than the passive nature.

Moreover, we would not say "hereditary *diathesis*" or *disposition*, as both these terms carry the same idea, that an entity or something exists, generated before with potency to disturb in an active sense.

We would rather add a qualifying word to the last of the quoted phrases in the beginning of this paper, and say, *morbid "vulnerability of constitution* or organization." It seems to us that this is most rational and satisfactory. Given a certain soil and you find certain vegetation luxuriant. You find the beech on cold and clayey upland, with the sycamore and walnut on the low and rich alluvial land. Every organized thing of life has its habitat. Each kind of animal life probably has its parasite, and doubtless each constitution has its besetting, morbid, sinful, susceptibility to encounter.

Is it not a very noticeable fact that all forms of so-called hereditary disease can be acquired? How strange, then, that we should regard it necessary to explain the fact of a child having the same disease which a parent may have had on the basis of heredity—when it necessarily has the same physical conformation and the same soil if you please, upon which the same plant or germ may grow, if only planted. The parents' physical features are transmitted, and by virtue of disease or defective nutrition that physical constitution has deteriorated, and thus the type is transmitted. This is so well known in veterinary science that no one breeds a blue hazey eyed horse or one with a curby leg. These are local departures from a normal type, and peculiarly favor diseased manifestations in the offspring, but are no more disease than a bald face or white foot. Apply an exciting cause in one and you have recurring ophthalmia, and final blindness or a curb and lameness in the other.

Now, what of this and its relation to practical medicine?

Our answer is, 1st: Its importance will be of very great value to physician and patient if fully appreciated. It is possible that we may err in our estimate as to the mind of the profession on this subject, and that it is not so generally believed that disease is hereditary. But if so, there is manifest confusion in reference to the subject. It certainly is not clearly stated by authors. But however it may be regarded by them, there is a general idea in the mind of the people that disease is hereditary, and its influence is most pernicious, as we too often witness. Let those who regard themselves as hereditarily inclined become conscious that they are free of disease, and that they must be scrupulously mindful of the laws of their being. This at once magnifies the laws of hygiene, and when once brought into operation consanguineous marriages and all such violations will cease. The physician will cease to treat disease before it is present, and the patient will learn to preserve health rather than be treated for an imaginary disease.

2d. If disease is not transmitted hereditarily, then the father cannot transmit syphilis, except by first infecting the mother. This, of course, is obvious, and is also sustained by typical cases in medical history and in the experience of all observing physicians. When once we learn to distinguish congenital syphilis, we will have done away with one of the great humbugs of medicine—hereditary syphilis.

This subject is too vast for the limit of this paper, so we will but glance at a few points in conclusion:

1st. If syphilis is hereditary, we demand a more satisfactory explanation of these facts and observations than have yet been given by authorities. 2d. We have the common observation that syphilitic mothers bear diseased children. 3d. That if the father has syphilis he communicates it to the mother—the chances being immensely in favor of this, rather than through the semen to the child. The mother may not exhibit the trouble, for it is well known that so long as she is bearing children she seems tolerant of the poison, only to show it when gestation ceases. The moral and social difficulties are often such as to render it well nigh impossible to verify what we are assured exists. Many miscarriages doubtless are the result of this, and yet attributed to some other cause. And lastly, we need but call attention to the fact that it is blood poisoning and not germinal. The known poisonous nature of syphilitic blood and innocuous nature of the secretions would seem to be sufficient evidence on this point. Who thinks the saliva, gastric juice, bile or any of the secretions of a syphilitic is poisonous unless contaminated with matter from chancre or mucous patch or the blood?

Then again, if syphilitic poison is so virulent as we know it to be, how is it that the recent results of fecundation are not destroyed? As a matter of fact the nearer fecundation the less vitality does the ovum possess, and yet it often passes to maturity, and even afterwards, before the poison manifests itself.

It is well known also that the longer the time after infection the more apt is the mother to carry her child to maturity. She may miscarry very early at first, but each subsequent conception will be likely to be carried longer.

But we need not multiply facts, as they are familiar to all. The object of this paper is to be suggestive rather than exhaustive, so we will claim your attention no longer.

June 28th, 1883.

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*NOTE ON A SPECIES OF GRANULAR CELLS (MASTZELLEN OF EHRLICH) AND ITS RELATIONS TO SYPHILIS, LUPUS, RHINO-SCLEROMA AND LEPROSY.**

BY DR. VICTOR BATES.

Whilst studying the reactions of cells with aniline colors, Ehrlich found a species of cells which are only colored by certain aniline dyes. These cells are formed in a normal state, especially about the vessels and in general about the canals of regions in which an exaggerated nutrition may be supposed to exist. In certain diseases where conditions analogous to exaggerated nutrition exist, these cells are found in larger numbers. On this account Ehrlich called them "mastzellen." (It is not so in the author's opinion, as he believes that these cells are concerned in the development of the vessels.)

These cells have a singular appearance: they are larger (sometimes twice) than the migratory cells, but occur in about the same manner as the latter, more especially around vessels; sometimes also at some distance from them, between the fibres of the connective tissue, for example in the thickness of the derma. They also penetrate into the papillæ. Their form varies; they are rounded or long, sometimes they present prolongations forming figures resembling those of pigmented cells, in the meninges, for example. It was particularly with methyl violet 1B and gentian with which they were colored. It is difficult to demonstrate them with any of the other colors employed in histology. The nuclei of the cells color very feebly, but the proto-plasm assumes a much deeper tinge. It is made up of a large number of rounded or lengthened granules of equal size, lying close to each other. A peculiarity found in these cells is the fact that the cells are not well defined; these granules which form the body of the cell do not show well defined boundaries. Outside of the cells the little round granules are found, well colored by the violet. In the same manner, where the granular cell is not present, a mass of these round granules is found, indicating the site primarily occupied by the cell.

The best method of coloring these cells is by treating the tissues with 1 B violet (Basel manufacture) in a concentrated aqueous solution for twenty-four hours; the water is then removed by means of alcohol, essence of cloves, and it is preserved in Canada balsam. By this method, the granules of the granular cells are colored a deep reddish violet, whereas the other tissues become a bluish violet. The granules have a diameter of 0.2 about, are not shining and resist somewhat the action of acids or alkalies. Having become familiar with these cells, which are found in normal tissues, the author was always struck by the resemblance of the granules to microbia. Then, when reading the description of round bodies found in the cells—different infectious diseases and regarded as micro-organisms generating these diseases, he has asked himself if these pretended microbia were not simply the protoplasm granules of granular cells; it is more particularly in syphilis, lupus, rhino-scleremas and even in leprosy that we find analogous microbia described.

Birch Hirschfeld has described a microbion in syphilis. He finds it in all syphilitic products, in the granulations and about the embryonal syphilitic

*Progrès Medical, June 9, 1883.

tissues, and in certain cells. These cells are filled with microbia, according to his description, that is to say with very short rods, "micro-cocciform," so much so that the individuals cannot be distinguished; but sometimes they are also found outside of the cells. Whilst studying in M. Cornil's laboratory a large number of specimens of the recent products of syphilis in a great measure obtained from the living subject and very fresh, the author never found microbia, but almost always granular cells with the granules colored, and arranged in the same manner as the microbia of Birch Hirschfeld. There is no doubt that this author made a mistake in his interpretation. The author believes syphilis to be caused by a parasite, but a method to demonstrate it has not yet been found.

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*THE PLEURO-PULMONARY COMPLICATIONS OF ERYTHEMA NODOSUM.**

BY DR. CHAS. TALAMON.

[CONCLUDED]

The first point to establish is the existence of the erythema nodosum. We do not think that any doubt can exist in regard to this; a disease characterized by prominent and indurated nodes, of a wine-red color, extremely painful to the touch, appearing in crops upon the posterior aspect of the thighs and inner sides of the legs, then flattening and passing through the blueish and yellow tints of ecchymosis, can be nothing else than erythema nodosum, the *dermatitis contusiformis* of Hebra. There can be no mention of popular erythema here, of that *erythema papulatum* which has so many points in common with erythema nodosum that Wilson did not hesitate to class the two as one disease. Papular erythema often coexists with erythema nodosum, but in such cases its seat of predilection is the upper extremities, nucha and face; whereas the other affection localizes itself to the lower extremities. We will refer to this when speaking of the observations of Trousseau. In our patient there existed no eruption on the upper part of the body; it was entirely limited to the nodes of the lower extremities.

It will be noticed that the beginning of the pleuro-pulmonary complication seemed to coincide with the flattening of the nodes. The partisans of metastatic fluxions would not fail to establish a relation between this apparent coincidence and certain examples of repercussion of cutaneous affections upon internal organs. Thus we find mentioned cases of suffocative bronchitis following the disappearance of an eruption of urticaria, and, inversely, an intense acute bronchitis instantly disappearing at the moment the skin was covered with the lesions of nettle-rash. This fact of internal repercussion has been known and attention called to it since sometime in acute or chronic eczema. But here nothing of the kind occurred; there was neither sudden delitescence nor disappearance of the nodose eruption; the nodes merely flattened, then gradually disappeared by passing through the successive stages of discoloration peculiar to the eruption. The pulmonary lesions then simply coincided with the time of decrease of the cutaneous manifestation.

What are the lesions of the respiratory organs which excited these pulmonary lesions? The signs during the first three days were those of a local hepatization in the middle part of the right lung, and from the fourth day of an inflammation, at first partial, and then total of the right pleura. A delicate point to determine is the following: Was there a true fibrinous (croupous) pneumonia or a broncho-pneumonia? The autopsy does not yield any answer; the lung, compressed by the pleural exudation, only presented the changes of pulmonary tissue, devoid of air, atelectasis; to the naked eye, at least, it presented no appearance of inflammation. This absence of lesions, the patient having died on the sixteenth day of his illness, is compatible with the notion of a fibrinous pneumonia whose alveolar exudation was absorbed, whilst the pleural exudate assumed the enormous extent observed. On the other hand the entire absence of rusty sputa, the existence of a former bronchitis and the secondary nature of the pulmonary inflammation would agree better with the hypothesis of a lobular pneumonia, such as is generally observed in fevers, measles, small-pox and typhoid fever. A conclusion appears difficult to us; it is however but of moderate value clinically, for there can be no doubt that the principal and most important lesion was the pleural.

The exceptional thickness and density of the exudation lining the pleura will be noted. This exudation, entirely fibrinous, formed a white layer, lardaceous, from three to four centimeters thick and hardly three hundred grams of serum had accumulated in the cavity. It is difficult to say whether there is anything peculiar to the pleurisy of erythema nodosum in this, as in the other cases we have examined no examination could be made from the fact that the cases recovered.

However, the course of this pleurisy presented certain peculiarities which merit attention. We will not speak of the fever, at first remittent, then becoming intermittent during the last days; it always kept a high range in the evening, 40° and more; it does not appear to have been influenced by sulphate of quinine in one gram doses. We

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*Progrès Médical, April 14 and 21, '83.

will not lay stress upon the general condition of the patient, characterized by an adynamia which was almost typhoid.

But the pleurisy itself pursued a rather singular course. We may say that it developed itself in three successive and distinct foci, whether we admit the existence of a pneumonia or subjacent broncho-pneumonia or not. The first focus appeared April 11th, in the sub-spinous fossa, and the pleurisy is preceded, without the shadow of a doubt, by signs of pulmonary hepatization, crepitant and sub-crepitant râles, bronchial respiration and increased vocal fremitus. On the 14th, the second focus; this time it is the diaphragmatic pleura which is attacked, and the signs are these of diaphragmatic pleurisy, excessive pain, extreme dyspnœa, thoracic constriction, cold and pinched face, etc. Finally, on the 15th, a new focus appears under the clavicle; at first crepitant râles and bronchial respiration are heard; at the end of two days these signs have disappeared; there is nothing but absolute silence, with complete dullness and considerable arching of the sub-clavicular region. From that day, the different foci may be regarded as having united and fused, and the inflammation generalized throughout the right pleura.

The evolution of this pleurisy presents several analogous points, with that variety of pneumonia which the Germans have called *pneumonia migrans*. But another relation between this evolution, through successive foci and that of the cutaneous affection, forces itself upon us. Does it not seem as if there occurred upon the pleura three areas of erythematous exudation similar to the appearance of nodes upon the skin, and that these pleural lesions, at first distinct, coalesced in extending themselves to form the thick fibrinous shell observed at autopsy?

II.—If this case appears somewhat at variance with generally accepted ideas, it is not an exception without certain precedents; other cases complicated by pleuro-pulmonary accidents have been published by different authors, in general with few details it is true, but without doubt beyond discussion.

Willan, Bateman, Thomson, Wilson and Biett do not speak of any complication connected with erythema nodosum. Hebra says, that this eruption has neither complications nor sequelæ that are grave! But in the article devoted to *erythema* in the *Dictionary of Practical Medicine*, Dendy mentions *a case of* pneumonia suddenly,* at the time of the retrocession of the erythema nodosum. Begbie in his interesting work on *erythema nodosnm* reports the following case:†

Case II.—*Erythema Nodosum with Right Pleurisy.* A servant aged 20, of delicate appearance, pale complexion and subject to habitual menstrual troubles, was taken with general *malaise*, followed by an eruption of numerous lesions of erythema nodosum disseminated over the anterior part of the legs. On the eighth or tenth day, the patient experienced an acute pain in the lower portion of the right side of the thorax, with difficulty of breathing, rapid pulse and increase of fever. It was at this time that Begbie saw her.

The nodes had taken on a bluish color; the elevation had come down, but the general disturbance, characterized by paleness of the skin, furred tongue and modified secretion, persisted. To these signs were added those of a thoracic inflammation, the local and general signs of an acute right pleurisy. These symptoms were met by a slight bleeding, calomel and opium, and after treatment for a short time the patient was discharged cured.

We find in a memoir on the etiology of erythema nodosum by Neumann an analogous case, which may be summarized as follows:‡

Case III.—*Erythema Nodosum with Pleurisy.* A woman aged thirty-five is affected with erythema nodosum of the lower limbs, accompanied by an intense febrile movement. On the third day, "stitch" in the right side; then rapidly signs of an abundant pleuritic exudation; the fluid was absorbed as rapidly.

Finally, Trousseau§ reports two cases of pulmonary and pleural lesions complicating an eruption of erythema papulo-nodosum. It is only right to say that Trousseau does not consider these cases as those of erythema nodosum, but as examples of papular erythema, and that he clearly differentiates these two erythemas, the one from the other. But when we read the chapter in which he treats of papular erythema, these well-marked differences are not so well understood. Trousseau himself does not seem to be very sure of the radical distinction he has established, for he seems immediately to take up the idea of Bazin and says, that "different in their forms, these two diseases are identical in the main; they are derived, the one and the other, from a common diathesis, *arthritis*." Is it then only a difference in form? But Trousseau has written a little above: "I have told how much difference I found between erythema nodosum and erythema papulosum, and yet you will never observe *erythema nodosum without numerous papules*, and sometimes you will find *true nodes in erythema papulatum*." If this is the case, how can we establish a difference? To how many nodes is papular

* Hebra. Vol. I. p. 286. Hebra adds a little further that he saw an erythema papulatum accompany a pneumonia which proved fatal.

† Begbie. Remarks on Erythema Nodosum and its Connection with the Rheumatic Diathesis. Mon. Jour. Med. Sciences, Edinburgh, 1850, p. 497.

‡ Neumann.—Beitrag zur Kentniss des Œtiologie der Erythema Nodosum. Wiener Med. Woch., 1879, No. 44.

§ Trousseau.—Cliniques Médicales de l'Hôtel-Dieu Vol. I. p. 225.

erythema entitled to remain papular, and to how many papules erythema nodosum not to be regarded as papular?

In cases of this kind, the diagnosis appears to us to be a matter of personal feeling rather than of reasoning, and for proof of this we have only to consider the two cases which will be cited. In both patients there existed at least as many nodes as papules, the former occupying the lower and the latter the upper limbs, as is the rule in mixed cases. It is the more strange to see Trousseau present these two cases as examples of papular erythema, as in the preceding chapter devoted to erythema nodosum he says very distinctly: "It is extremely rare to see a case of erythema nodosum unaccompanied by papules; whereas the nodes are but rarely observed in erythema *papulatum*."

However this may be, here are the two cases mentioned:

Case IV.—*Erythema Papulo-nodosum. Right Broncho-pneumonia. Death.* A woman aged sixty, long since emphysematous, admitted on account of a bronchitis, accompanied by a febrile movement and a state of stupor which do not appear compatible with the bronchial affection. For several consecutive days auscultation was practiced with the greatest care to see if a peri-pneumonic point might not be discovered. At last, after three days, an erythema nodosum was observed upon the legs, and a papular erythema upon the dorsum of the hands. The patient, a washerwoman, had had several attacks of rheumatism; it was through exposure to damp and cold that she contracted the pulmonary catarrh which sent her to the hospital. This bronchitis soon became general and terminated in death on the 21st day, by being complicated with a double hypostatic pneumonia.

The autopsy demonstrated the presence of a double, sero-sanguinolent pulmonary engorgement, occupying on each side the lower third of the lung, and the presence of muco-pus in the last bronchial ramifications. The heart showed traces of a chronic inflammation in respect to the peri- and endocardium.

This case, sketched vaguely, lacks precision. Two things are distinctly seen; on the one hand the existence of an erythema nodosum, accompanied by some papules on the dorsum of the hands; on the other hand, the development in the course of this erythema of a double broncho-pneumonia terminating in death.

Case. V.—*Erythema Papulo-nodosum. Double Pleurisy. Recovery.* A rheumatic woman, aged thirty-eight, entered hospital with all the symptoms of a pyrexia, general weakness and lassitude, frequency of pulse, tongue coated, nausea, persistent headache and sweats. These symptoms have existed for several days, accompanied for some time by pains in both knees. On the day of admission, no joint was the seat of any well-defined pain. But upon the arms and fore-arms, as also on the legs and thighs, there was observed an eruption of variable extent characterized by papules. These lesions formed a slight elevation, were rosy, soft to the touch and disappeared under slight pressure; several affected a semi-circinate form. These spots were completely ignored by the patient, the eruption having taken place without causing the least heat or itching. The thighs and legs presented, upon their anterior and external lateral aspects, analogous spots hardly elevated and very discreet. Upon the anterior aspect of the legs were observed nodes, of a pale red, elevated, of the size of a small plum; here was plainly erythema nodosum.

Upon the following days, new papules and nodes appeared in crops; we will state that there were nodes but on the two legs and one thigh. The papular erythema was particularly marked upon the left arm. At the same time, each erythematous crop was preceded by a febrile exacerbation, and accompanied by rheumatic pains in the joints of the wrists, knees, insteps, hands and feet.

Still, auscultation which, from the first day of admission, had shown sub-crepitant râles posteriorly throughout the whole chest, soon permitted the recognition of a double pleurisy without pain in the side, and accompanied by very little cough; but the pleurisy was not the less present, as shown by the blowing and egophony on each side of the chest, at the lower angle of the scapula. The double effusion never rose higher than this point, but was more persistent upon the left side than upon the right.

The patient is already a fortnight in the ward and the fever is still present. It is less marked, however, since two days; there has been no new eruption; the old papules have almost entirely disappeared; the nodes are no longer appreciable to the touch, and no other sign of their former presence remains except an ecchymotic discoloration of the skin; the appetite has returned, the tongue is good and the double pleurisy is on the road to resolution.

We are aware that this case may be disputed. The papular erythema holds a place here as important as the erythema nodosum, and it is no easy matter to decide whether we are dealing with a papular erythema accompanied by nodes or with an erythema nodosum with papules. On the other hand, this papular erythema appears to be of rheumatic origin, as much from its objective characteristics as from the soil upon which it is developed. From that the double pleurisy might be justly considered

as a manifestation of a kindred nature, as a rheumatic pleurisy.

III.—However this may be, and leaving aside this last fact, whose interpretation may be a matter of question, the different cases we have mentioned establish the fact that erythema nodosum may sometimes be accompanied by pleuro-pulmonary complications of the greatest gravity. Of what nature are these? This is the point left for us to examine.

In regard to the nature of erythema nodosum itself, authors we know are divided in two sides. Some consider this erythema as a rheumatic eruption. For others, erythema nodosum is an essential fever, a sort of eruptive fever. Schönlein was the first, in 1829, to include under the name of *rheumatic peliosis*, erythema nodosum, papular erythema and purpura in the cutaneous manifestations due to rheumatism. Rayer, Bouillard, Bazin and Legroux in France, Watson and Begbie in England, hold the same view. Prof. Sée is one of those who have most energetically combatted the idea of the rheumatic nature of this affection. With him Trousseau, Wunderlich and Hebra consider erythema nodosum a specific fever. And very recently, in a memoir on the etiology of erythema nodosum, to which we have already alluded, Neumann makes this an essential disease distinct from erythema multiforme.

In discussing this subject there is one point which can be readily conceded to the partisans of a rheumatic origin; it is that erythema nodosum may develop in a rheumatic, in the same manner as any other eruptive fever such as scarlatina, measles, etc. From this it is possible to see, as Watson* holds, patients attacked with articular rheumatism immediately after the disappearance of the erythema nodosum, and inversely an eruption of the skin disease succeeding a rheumatic attack.

In the second place, it is absolutely necessary to separate erythema nodosum from papular erythema, as has been done by Trousseau. Erythema papulosum seems to be clearly of rheumatic origin; it is observed to coincide or alternate with articular manifestations of acute rheumatism, and accompanied by endocarditis and pericarditis. And very recently we have been enabled to observe in the service of Prof. Sée a young man of twenty-one, who, attacked for the fourth time with acute articular rheumatism, presented almost simultaneously, in the course of the attack, multiple articular effusions, a papular erythema in large patches with scalloped edges, on the trunk, in round almost circinate spots on the fore-arm and thighs, an intense pericarditis which almost proved fatal, and a double pleurisy. It is true that mixed cases occur in which there is noted the cöexistence of papules on the upper and nodes on the lower extremities.

In what category are we to range the papulo-nodose erythemas? We have already said that the diagnosis is a very delicate task and very liable to vary, according to the inclination of individual observers to state anything definite in cases of this kind. It seems better then, in an already obscure discussion, not to insist too much upon these hybrid cases.

Still, erythema nodosum, thus freed and separated, yet remains for many a rheumatic affection. The arguments called forth in support of this opinion have been well elaborated by Begbie, the author of one of the best works on *erythema nodosum*. The eruption, he says, is preceded by a cachectic state similar to that which comes before an attack of acute articular rheumatism. In some cases, abundant acid perspiration is observed. A copious deposit of urates is found in the urine; more generally the eruption is attended with acute articular pains. According to Watson, sulphate of quinia has the same beneficial action in erythema nodosum that it has in rheumatic fever.

It is easy to answer Begbie's arguments in a few words.

It is true that patients who have erythema nodosum—more generally women—have a peculiar facies, paleness of the skin, and the appearance of lassitude. But this is nothing peculiar to rheumatism, it is more connected with the chlor-anæmic state which develops so rapidly in young women who remove from the country to large cities, or with menstrual troubles—dysmenorrhœa or leucorrhœa--so frequent in erythema nodosum, troubles which Copland and Begbie himself have recognized, and pointed out the relationship with this disease.

The existence of abundant acid, strong-smelling perspiration is another fact and well-observed. But are these sweats only observed in the rheumatic? Have they not been observed in other fevers, in the eruptive fevers particularly, variola and measles (Heim)?

It is useless to consider the third argument; the deposit of urates in the urine may be observed in all febrile disorders.

There remain the articular pains, whose frequency in erythema nodosum cannot be disputed. These pains are, at times, very acute; in general, they involve the joints in the neighborhood of the eruption, although they may also become general, but neither redness nor swelling of the affected joints is ever observed.

* Watson.—Lectures on the Practice of Physic. Vol. II. See also M. Siredy's paper on cases of this kind in Annales de Dermatologie, 1878.

¶ See also on this subject, Numa Bes.—De l' érythème noneux dans ces rapports avec la menstruation. Thèse de Paris, 1876.

Prof. Sée has clearly indicated the character and nature of these special pains of erythema nodosum; they are a part of the disease and directly due to it, the same as the pains and arthritis in scarlatina, dysentery and gonorrhœa are the result of the diseases, without the necessity of calling in the influence of rheumatism.*

We would not speak of the last argument, relative to the influence of treatment by sulphate of quinine, if an effort had not been made latterly to revive this in respect to another medicine. In a discussion before the Société Médicale of Lyons on rheumatic erythemas, M. Mollière, to establish the rheumatic nature of all erythemas, reported a case in which the salicylate of soda caused the disappearance of an erythema nodosum. M. Boncard, in supporting his colleague's views, thinks, says the report, that the salicylate given in moderate doses may cause the rapid disappearance of erythema nodosum. He mentions two cases very favorable to this manner of viewing the subject.† Unfortunately, details are wanting in these cases, which it would be interesting to verify. Still, were it certain that salicylate of soda subdues the articular pains of erythema nodosum, would we have a proof of the rheumatic nature of this erythema? By no means; the salicylate acts in a general manner; as an anæsthetic upon most pains, whatever be their nature, and Prof. Sée has never admitted that this remedy was a specific for rheumatism.

Erythema nodosum, then, remains a peculiar affection for us, independent of rheumatism, and in consequence the pleuro-pulmonary complications which are developed in the course of the disease are, in the same degree as the articular pains, direct manifestations of the specific principle and not lesions of a rheumatic nature.‡ For our case in particular, none of the incidents of the history of the patient can be called in favor of rheumatism. Never did this man, aged forty-five, ever have the least rheumatic manifestations; he has had neither acid sweat nor generalized articular pains. On the contrary, the disease ran its course with the signs of an infectious disease—intense fever, a dynamic state, typhoid aspect and albuminuria; and, at the autopsy, despite an intense inflammation of the right pleura and excessive and prolonged fever, no alteration of the pericardium or endocardium could be observed, a fact totally incompatible with the hypothesis of a rheumatic fever.

We believe ourselves justified in making the following propositions as the result of our work:

1. Erythema nodosum is a specific fever analogous to the eruptive fevers, and not a cutaneous manifestation of rheumatism.

2. This fever, benign in general, may, like the eruptive fevers, become complicated with diseases of the respiratory organs.

3. Pleurisy, is the most frequent complication; broncho-pneumonia has also been observed.

4. This pleurisy, according to the published cases, does not appear to present any special characteristics.

5. Yet, in the only case terminated by death, we must note its development in successive and distinct patches or foci; the abnormal thickness and abundance of the fibrinous exudation; the small quantity of liquid effused.

6. Ordinarily, these pleuro-pulmonary complications are, like the primary disease, attended with a good prognosis; yet, in two cases, the gravity of these was such that death ensued.

7. The pleuro-pulmonary complications of erythema nodosum are no more of a rheumatic nature than the erythema itself, but are directly due to the specific nature of the disease.

* G. Sée. Soc. Méd. des Hôp., 1859.

† Lyon Médical, Oct. 1881, p. 163.

‡ Begbie, who considers pleurisy of a rheumatic nature, is forced to acknowledge that he never saw erythema nodosum coexist with heart affections.

CORRESPONDENCE.

CHICAGO, AUG 2, 1883.

TO THE EDITOR MEDICAL REVIEW:

The REVIEW of July 7th makes me say things about the State Board of Health which need correction. I am made to appear to criticise the Board's examinations of candidates, whereas in reality I made no allusion to the Board's examinations of candidates. Instead of criticising, the Secretary of the Board will attest that I gave him more assistance in completing the initial work of the Board than any other one man in Illinois. I have no disposition to criticise the Board's examinations, and I never have criticised them.

The REVIEW states that I wished to defend Rush Medical College, whereas I said distinctly that I was speaking solely as an *individual* and NOT as a college man. Rush Medical College needs no "defending" by me—she is old enough to "defend" herself. When it becomes necessary to "defend" her, the medical public will know it infinitely more forcefully than the voice of one man in a medical society can cause it to be known.

Respectfully,

J. H. ETHERIDGE.

FORT WAYNE, AUG. 1st, 1883.

EDITOR WEEKLY MEDICAL REVIEW:

Your editorial a few weeks ago, upon Railway Surgery and the societies recently organized in its interest, is just and timely.

While there can be no doubt that much good will result to the different members thereof if they have

only in view the progress that might be made in this unworked field, it is a question whether or not the motive which actuates the young and inexperienced physician seeking a reputation, to secure the position of "Railway Surgeon," is the same which prompts the organization of these associations.

To be able to ride on a pass occasionally and to say to the passengers: "Ahem! *I* am surgeon of this road," will undoubtedly be to make a greater or less impression upon the mind of the listener, and will in not a few cases prove indirectly of financial advantage. The effect of the formation of these societies so far, has been only to advertise the few who were mainly instrumental in their organization. The late meeting of surgeons of the Pennsylvania Company at Crestline was, as you were correctly informed, a very tame affair; another one like it will render the society moribund and beyond the hope of reaction.

There are a few honest, sincere, experienced, cultured and skillful surgeons connected with the different roads, but *as a rule* the majority are not possessed of any surgical ability. They are, in most instances, young men having reputation *to make* (not *made*), and who, as you put it, "are willing to work for the glory without pay." It is a self-evident fact that the best surgical talent can *not* be secured by railroad authorities without ample compensation for the same, and they are not fast to pay for it when they can get an inferior quality for nothing or a few annual passes. A surgeon who has a well earned reputation will spurn with contempt the mere offer of an annual pass as compensation for the time, labor, and anxiety attendant upon any considerable surgical work. He would much prefer to *pay* all his traveling expenses and spare so much valuable time for his attention to *paying* patients.

You speak of the Pennsylvania Company employing as surgeon at one place a young man who keeps a drug store. That is only a single instance. The same company employs, in this town, another man who has been a regular graduate only since 1875, who, in the course of about ten years, has been a preacher in two different denominations, Superintendent of a County Poor House, an eclectic doctor, dentist, druggist, school teacher, and the Lord only knows what not.

Yours for advance,

MEDICUS.

[In a further communication our correspondent would have us lay stress upon the fact that the company surgeon is frequently not the attendant of the patient's choice, but is thrust upon him by the company, nolens volens.

This is a fact, but this fact has its two sides. On one side justice demands that if a man is hurt on a train he ought to be attended by a surgeon in whom he has full confidence, and that the company should pay the bills. On the other hand, this doctor may be in no true sense a surgeon, but a very inferior man. Moreover, justice would also seem to demand that if the company are to pay the bills the liability should be incurred by an agent of their own choice, i. e., their own surgeon.

Practically, justice to both sides can only be secured when the railway companies select thoroughly competent, that is high-priced men. And this they will not do until they are forced to either by public opinion or by law. Constant agitation of this subject will do a little toward this desirable end; a healthy public sentiment, with a proper self-respect on the part of these men who are willing to work for nothing, will do more; but a good law compelling a specific and proper performance on the part of the companies of the obligations they incur through damage to life and limb upon their lines would be the most certain means.

Nevertheless these men to whom our correspondent alludes can have very little to say in self defense if anyone should claim that their professional services were of no value, since they virtually acknowledge it by their consent to work for nothing for those who are most abundantly able to pay. We are being ruined by professional cheap labor.—Editor.]

SOCIETY PROCEEDINGS.

PATHOLOGICAL SOCIETY, PHILADELPHIA

TUMOR OF THE SCIATIC NERVE—PRESENTED BY DR. G. DE SCHWEINITZ.

The following case occurred in the hospital practice of Professor John Ashhurst, jr., and it is by his permission that I exhibit the specimen. The patient from whom this tumor was taken is at present an inmate of the University Hospital, and gives the following history:

On June 16, 1864, owing to a gunshot wound of the right thigh, he sustained an amputation of that member at the juncture of the middle with its lower third. The flaps sloughed, and a few weeks

later a reamputation became necessary. This stump healed, but was somewhat conical in shape and never from the very beginning comfortable, being subject to severe attacks of neuralgic pain. Within a year from the date of the amputation a small lump, tender to the touch, was noted, situated posteriorly and a little to the outer side of the stump. The pains now became more severe and more frequent, and were of a "jumping character," to use the patient's own language. The tumor increased slowly in size until three years ago, when its growth became more rapid, and at the same time the painful nature of the affection more pronounced, until lately the suffering was well-nigh unbearable. Finally the growth assumed the size which you see it now presents, and on the 12th of last month Dr. Ashhurst removed it, since which time the patient has been free from all pain, except such which naturally accompanied the healing of his wound.

The growth is an irregularly shaped mass, about as large as a small hen's egg, having an external envelope of adipose tissue, loosely held together by connective tissue. On section the interior is seen to be a somewhat elastic, rather dense-looking growth of whitish color, over which pass a few yellowish fibres, probably strands of the sciatic nerve. Microscopic examination of the true tumor mass shows an entire absence of any nervous elements—a section exhibiting fat cells, fibrous tissue, some spindle cells, and numerous free nuclei near the enlarged and dilated blood vessels.

The tumor would, of course, be classed clinically as a neuroma, following amputation, while in truth its pathological nature is that of a fibroma. It is interesting that a growth causing so much pain should be without any demonstrable nervous endowment, and surgically it is further worthy of note, because its removal was attended with immediate and probably permanent relief to the patient, a desired result which is by no means always obtained by the excision of these growths.

Dr. Laurison, by invitation, made some remarks upon the bacillus tuberculosis, and exhibited a number of specimens. He said that he did not employ nitric acid in preparing his specimens, as it seemed in many cases to bleach out all the bacilli from the tissues, but formic acid, as follows: Acid formic, 1 pint; alcohol, 2 pints. It was a curious fact that the bacilli occurred in patches, while in other parts apparently equally diseased they were present in small numbers.

BOOK REVIEWS.

HANDBOOK OF ELECTRO-THERAPEUTICS. By Wm. Erb. Translated by L. Putzel, M. D. 8vo. 366 pages. Thirty-nine wood cuts. New York: Wm. Wood & Co.

This forms the June number of Wood's Library of Standard Medical Authors. The selection of this classical work by the distinguished German professor does great credit to the publishers, and the able and prompt translation by Dr. Putzel will be gratefully received by that part of the profession who are not familiar with the language of the original. Of all living scientists Prof. Erb is best able to write a work on electro-therapeutics, to the establishment of which he has contributed so large a share. His work is undoubtedly the most thorough published on that subject, and in the van of all others.

In the translation the work of 700 pages has been condensed to 366. The introductory chapter on the history of electro-therapeutics has been omitted, also the literature of the subject at the head of each chapter, without however omitting anything essential. The author does not undertake to teach the physics of electricity, which knowledge he justly assumes to have been attained before the study of electro-therapeutics is commenced, but he gives a brief sketch of the leading features necessary to understand the text.

The chapter on electro-diagnosis, a special feature of Erb's work, has been condensed a little more than we should like to have seen it, from 102 pages to only 42. The other chapters are all very fairly discussed. The wood cuts are clear enough for all practical purposes. The translation deserves all praise; it is at once clear, concise and exact. This volume is certainly one a careful perusal of which will amply repay the student as well as the practitioner.

M. TERRILLON has successfully employed Shrœder's proceeding for hysterectomy (Journal d Méd. de Paris, May 19, 1883), which consists, after removing the tumor, in taking a V-shaped piece from the uterus, bringing the two branches together by means of sutures and then uniting the tendons of the section. It is very necessary that the peritoneum be comprised in the sutures, and that no shred of peritoneum should rest in the wound. M. Terrillon prefers deep sutures. By these the uterine cavity is closed, and there is less danger of septic poisoning. This differs from the old method, in which the pedicle is left in the wound. After the V-shaped piece is removed the uterus is bound by the Cintrat serre-nœud, which prevents hemorrhage. This is removed when the sutures are put in place.

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 7. CHICAGO AND ST. LOUIS, AUGUST 18, 1883. TERMS: $3.00 A YEAR.

IN OUR ISSUE of the 4th inst., we spoke of the lack of good feeling existing among the members of the District Medical Society of Northwest Missouri, and gave as an instance that charges had been preferred against two of the prominent physicians of St. Joseph for violation of the code of ethics,in that they circulated their professional cards, on one of which was an illustration of the building in which one of these physicians had his office, and on the other a portrait of Jesse James; also that their names were used as a testimonial in favor of a sewing machine, etc., etc. We have learned since, that one of the cards, the one bearing the illustration of the office building, was issued some years ago, that it was submitted to a prominent member and an ex-president of the American Medical Association for his opinion, who said that "he knew of no rule of the code which it violated," that it had never been regarded as unethical until these charges had been brought. The other card was used by the physician whose name it bore, as a campaign card, when he was running for the office of coroner. On all the charges brought against these gentlemen they were exonerated, and as the offence, if there was any offence, was committed some years ago, it would appear that the charges were brought by the accuser in a spirit of retaliation for a conscientious opposition on the part of these gentlemen to his admission as a member of the Missouri State Medical Association.

AN INTERESTING CASE of cure of an orbital traumatic aneurism by pressure on the carotid is reported by Dr. C. E. Glascott, surgeon to the Manchester (England) Royal Eye Hospital. The patient, forty-two years old, was engaged on the 1st of August in tightening a rope round a bale of goods by means of a lever shod with iron, when the rope broke and the end of the lever flying up hit him on the left side of the forehead, over the eyebrow, with such force as to knock him down in the direction of a hoist hole which was behind him. The fall was continued down the well a distance of about twelve feet, falling probably on his head. On entering the Royal Dispensary the following record was made: "On admission he was suffering from concussion of the brain, contusion of the back and sub-conjunctival extravasation of blood in the left eye. He had no paralysis, but complained subsequently of dim vision in the right eye, but this had almost passed away when he was discharged on the 12th of August. The first night after his return, and thirteen days after the accident, on going to bed he noticed a whizzing noise in his head, which has persisted ever since. A month after the accident his left eye began to water, and the next day to swell and protrude. On the 26th of September he went under Dr. Glasscott's care, at which date the left globe was protruding an inch beyond the other, was fixed and turned outwards and downwards. The upper lid was slightly swollen, and the lower was concealed by a large fold of chemosed conjunctiva. The cornea and anterior chamber were normal; the pupil was normal in size and active; the vision was, however, reduced to 16 Jaeger Ophthalmoscopically the retinal veins were much enlarged, but there was no neuritis. The ocular conjunctiva was inflamed and the veins greatly distended, tortuous and varicose. At the intero-superior angle of orbit a large vessel was seen pulsating, which on palpitation conveyed a distinct thrill to the fingers. On applying a stethoscope at a point a quarter of an inch above the supra-orbital

notch a loud blowing murmur was audible, propagated towards the vertex and remarkably limited in area. The murmur was not continuous and was synchronous with the cardiac systole. As is usual, the subjective symptoms, whizzing in the head and pain, were much increased by stooping or lying on one side. The diagnosis made was that of orbital aneurism. A few days after admission it was found that the blowing murmur and whizzing in the head could be temporarily stopped by compression of the left carotid, and more completely by compressing both. Consequently the patient was provided with a compressor formed of a wooden knitting pin, with its head protected by a firm pad, and under the careful tutelage of the house surgeon he soon learned to compress his carotid so firmly as to arrest all pulsation in the orbit for two minutes at a time, pressure being applied every quarter of an hour or so. The object having been explained to him he kept it up with great assiduity. After three days compression the noise in the head had somewhat subsided, and the patient expressed himself much relieved from pain; on the fourth day some of the intra-ocular veins gave way as evidenced by hemorrhage into the anterior chamber, and the patient seemed altogether worse. The day after this increase of venous congestion the patient said the pain in the head was much better, and the roll of chemosed conjunctiva was smaller, the mobility of the globe somewhat restored upwards and outwards, and the exophthalmos much less marked. Vision, however, deteriorated, and a few days later, although the cornea was clear, there was no perception of light. On the sixth day of November, the conjunctival chemosis had entirely disappeared and the pulsation in the vessels very much lessened, but the patient complained for the first time of a severe pain of a burning character in the head at the point where the bruit was heard of maximum intensity. The whizzing in the head had gone. Six days later he was entirely free from pain, the angular vessel pulsated very feebly but felt hard and cordy to the touch—as if it contained a firm clot. The exophthalmos had so far subsided that he could now close his lids. In a fortnight the mobility of the eye had become almost normal in all directions, but the cornea was a little steamy and the tension had increased. On the 12th of December, a large vessel running over the inferior border of the orbit was noticed to pulsate strongly and visibly for the first time. On inquiry it was found that he had for some days neglected compression. On the 21st December he became an out-patient. The large vessel at inferior inner angle had ceased to pulsate, the sclerotic injection had passed away, a few large, highly gorged, tortuous conjunctival veins ramifying over its surface, standing out in bold relief against the white sclera beneath. There was no pulsation to be felt at any part of the orbit, the patient was free from pain and careful auscultation failed to reveal any bruit. There was an old blood clot at the bottom of anterior chamber, and the tensions of eye had increased to T + 3; no perception of light. He was instructed not to work and to compress the carotid occasionally. Seen later, the first of March, there was no pulsation—the pupil was wide—lens opaque and tension reduced to T + 1. We have quoted the above almost verbally from the Ophthalmic Review. It is unnecessary to draw any moral, but would append notes very brief of two cases which have come under the writer's observation: A woman, about a fortnight previous to coming under observation, received a ball from a revolver in the left cheek, a little below the infra orbital foramen. It passed through the antrum, through the septum, visible with the rhinoscope, and seemed to present itself near the surface of the right malar-bone. Although the eye was perfectly intact and media clear, vision at the time of examination was absolutely nil. The other case more akin to the one above was of nine years standing; the man had received a bullet in the inner angle of left eye, which was never extracted, and seemed to present at the time when seen, nine years after the injury, at a point below the zygomatic process of the left malar bone. Sight, as in the case before, was nil, optic nerve atrophy was established,

and an extensive dilating traumatic aneurism had developed, extending over the frontal bone as far as the parietal suture. The vessels in this region had increased to about the size of the femoral artery; they had worked for themselves deep furrows in the frontal bone. Question: Might this at an earlier date have been cured by compression of the carotid?

A Case of Testis in perineo, complicated with congenital inguinal hernia and acute orchitis, is reported by Mr. J. Alex. Williams, in the British Medical Journal. "The patient, aged two years, was admitted on September 15th, 1882, into the Royal Portsmouth Hospital, under the care of Dr. Lloyd Owen, by whose courtesy I am permitted to publish the case. The mother then gave the following account of his case. A lump had been observed in the right groin from birth. It was about the size of a small hen's egg, mobile, and often slipping into the abdomen. A medical man, whom she consulted, said the child was ruptured. The parents had noticed the absence of the right testicle from its proper scrotal pouch, and the child was often observed to be fretful and peevish without obvious cause. A few hours before admission, the child came in from play crying, when the mother noticed an increase in size of lump; and, thinking it had met with an injury, brought it to the hospital. When examined, a large sausage-shaped swelling was observed in the right inguinal region, extending downwards into the perinæum to within half an inch of the anus. A distinct sulcus was visible externally, separating its upper and middle thirds. The upper portion was tense, resonant, and presented the ordinary appearances of hernia. The lower was ovoid, dull, fluctuating, translucent, and evidently contained fluid. The scrotum was well formed and symmetrical; the rugæ well marked. The left testicle was normal in every respect; the right was absent from the scrotum, and could not be felt. Examination of the swelling appearing to cause much pain, chloroform was administered, and the taxis applied to the upper portion, but without success. The lower portion was now punctured, and about an ounce of straw-colored flaky fluid was withdrawn. This, upon standing, coagulated, and was evidently of inflammatory origin. This portion of the swelling was then very much reduced in size, but did not entirely disappear. The taxis was then reapplied to the upper portion, which was now easily reduced, with distinct gurgling. The testis was then thought to be indistinctly felt in the perinæum. The child was then placed in bed, and had lead lotion applied locally. Next morning, the nurse reported a reappearance of the swelling, when, upon examination, a lump about the size of a hen's egg was observed in the right perinæum, extending posteriorly to within half an inch of the anus. It was irreducible, but mobile, and very tender upon the slightest pressure. It had the feeling and general outline of an inflamed testicle; and the cord, slightly enlarged, could be felt extending from the swelling up to the groin. The skin over the swelling was slightly reddened. The bowels were naturally opened, and there was no return of the hernia or hydrocele. September 17th. Ice was now applied locally, and the swelling subsequently became reduced in size and less painful. September 30th. The child looked pallid, and appeared to have suffered much pain. The testis now felt hard, smooth, ovoid, measuring over two inches in its long diameter; it had become fixed, and the tissues covering it were slightly thickened by the recent inflammation. It was less painful upon manipulation than formerly. The cord felt running up to the groin was not appreciably enlarged. The right inguinal canal was rather patent, and invagination of the skin caused considerable pain. The right scrotum remained empty; the left contained a testicle. October 1st. The patient was discharged, the mother being told to bring it to the hospital for periodical examination; at the same time, it was suggested that the testicle ought to be excised, if the child continued in pain or had its natural movements impeded. January 26th, 1883. The right testicle is still in perinæum, of normal shape and size; there is now only a slight

perineal prominence to indicate its position. The hernia is constantly slipping up and down. The left testis is normally placed in the scrotum. The child enjoys good health. He plays much without pain or inconvenience."

THE FOLLOWING CASE of co-existence of diphtheria and typhoid fever is described by Dr. G. E. Paget in the British Medical Journal: "The recent illness of the Postmaster-General may add interest to the following case. The patient was Mrs. J. K., a married woman, about twenty-eight years of age, living in Manor street, Cambridge. Three days before her illness began, one of her children had died of diphtheria, two of them having been affected. Mr. Carter, who attended them, had no doubt as to the diagnosis. The children had sore-throat, and exudation upon it. When I first saw Mrs. K. (on December 14th, 1861), she had been confined to her bed about a week. From Mr. Carter I learnt that her illness had begun with sore-throat, and that there had been small white diphtheritic patches upon the throat. When I examined it, I could find none, nor any signs of diphtheria; but upon her abdomen were some of the rose-spots characteristic of typhoid fever; and at the base of her right lung, to the extent of two or three inches, the percussion-sound was dull, and small crepitation could be heard. She was feverish; her pulse was 130; her bowels loose. She was in the seventh month of pregnancy. For six days she continued in much the same state, as an ordinary case of typhoid fever, with moderate pneumonic complications; her bowels loose; her pulse above 120; her tongue dryish; and a general condition requiring wine and brandy. During these six days, her throat remained free from diphtheritic appearances; but on the morning of December 20th it again became sore, and in the evening the uvula and soft palate were covered with a white exudation, the adjacent parts being bright red. Her pulse then became a little less frequent, falling to 116. Chlorate of potash was now prescribed in small frequent doses, and next day tincture of perchloride of iron. On December 28th, her urine contained albumen. The exudation, after its reappearance on December 20th, was seen from day to day; it had a diphtheritic character, and was very extensive. It was still present, though somewhat reduced in extent, on January 2d. When I saw her on January 5th, it had been completely cleared off. Early in January, she began to suffer much from retching and vomiting. She was troubled also with cough. The right lung was consolidated at its base, but to a small extent only. The vomiting so persisted from day to day as to bring her into great peril. On January 20th, the liquor amnii escaped. Active delirium now came on, and continued for upwards of twelve hours, when she suddenly aborted of a seven months' child, which lived half a day. The mother nearly died during the removal of the placenta, though scarcely any blood was lost. After labor was completed, the vomiting ceased, and she gradually recovered. Mrs. K. had been nursed during her illness by her mother, Mrs. S., aged 58, who lived in the outskirts of Cambridge, in an isolated cottage within a large garden. On February 14th, 1862, she took to her bed with typhoid fever. She had the ordinary symptoms: the rose-spots, loose stools, etc. She went on favorably until March 13th, when, after sitting up near an open door, she had rigors, ushering in double pneumonia and hæmorrhage from the bowels. She died on March 24th. The chief interest of Mrs. K.'s case is in the disappearance of the local signs of diphtheria, and their suspension for six days during the continuance of the typhoid fever, and then their reappearance and persistence for thirteen days or more. This appears to me a fact, not perhaps contrary to what might be expected, but at least worth notice. It differs from what was reported in the case of Mr. Fawcett."

WHEN THE DAILY JOURNALS make a few errors in number and facts about topics that concern the public, or even when they resort to sensational articles to stimulate the sale of their labor, there is an excuse associated with the effort that to some extent justifies the

means; but when scientific journals go out of their way to cry out against an article of commerce about which they do not seem to have given themselves the least thought, it is somewhat astonishing. We take the following from the Boston Medical and Surgical Journal of August 2nd: "In the course of a dispute between Chicago dealers in lard, it has been incidentally disclosed that most American lard is adulterated from ten to one hundred per cent. with oleomargarine, stearine, cotton-seed oil, tallow, and terra alba." The evidence in this case will shortly be published, and we can assure the Boston Medical and Surgical Journal that no evidence will be found justifying such a statement. In the discussion that occurred in the chamber of deputies in Paris relative to the admission of American pork, it was positively astonishing where the opposers of the introduction of American pork culled their cases of trichinosis from the American journals, but extracts were made from daily journals in Minnesota, Wisconsin, Ohio, etc. Statements, however, in such journals may be set aside as absolutely unreliable, but when the scientific journals make statements it is a question of greater importance. It is not the journal just referred to which alone has been guilty of such groundless statements. We have previously referred to a statement of a similar nature in a medical journal of still wider circulation. Of course if these journals would undertake to investigate an article of such extensive daily consumption as lard, and enlighten the world generally with the results of their investigation and methods of detection, they would demonstrate themselves cosmopolitan benefactors; but to throw broadcast groundless assertions will only hamper the development of truth, and may do an injury which they may uselessly regret.

At the Meeting of the Edinburgh Obstetrical Society in January last, Dr. Peter Young read a paper on dangerous hemorrhage from the external genital organs during and after labor (New York Med. Jour.), in which he stated that dangerous or even fatal hemorrhage occasionally occurred after parturition even when the womb was well contracted. This hemorrhage comes not from the uterine sinuses, but from lacerations of the cervix or the external genitals. Two cases were given as illustrating this point. In the first case the patient when first seen was in a hopeless condition, and all efforts to arouse her were unavailing. The autopsy showed the uterine sinuses effectively sealed with clots, but there were several slight rents in the cervix. There was also a tear five-eighths of an inch long on the anterior wall of the vagina, extending upward from the left side of the urethra to the left of the clitoris. The wound was seven-eighths of an inch deep, of a spongy appearance, and showed a divided plexus of veins and small arteries. In the other case the wound was also in the region of the vestibule, but was discovered in time and the patient was saved. The author quoted Winckel as to the possibility of injury to the nymphæ and labia majora during parturition, even without rupture of the perinæum, but the neighborhood of the vestibule seems to be a more common as well as a more dangerous locality. The accident may be caused by the simple pressure of the child's head, especially if the tissues are friable, or otherwise without resisting power, or it may be caused by the interference of the accoucheur. The occurrence of profuse hemorrhage when only the head of the child has been expelled should suggest this accident. If on ocular examination it is found to have taken place, pressure in the most suitable and convenient form that can be devised at the time should be resorted to at once, and subsequently one or more sutures may be passed through the wound.

In Concluding a Paper on the "Relations between Locomotor Ataxia and Syphilis," Dr. F. De Rause draws the following conclusions (Gazette Med. de Paris, Medical News): 1. Progressive locomotor ataxia is primary or secondary. One sometimes observes in the course of other cerebro-spinal affections accidental tabetic symptoms of

characteristic type, due to propagation of lesions along the external bands of the posterior cords, which cannot be said to constitute progressive ataxia. 2. Pathological anatomy shows that tabetic symptoms of that kind often supervene in the course of cerebro-spinal syphilis. It is admissible, if not demonstrated, that under the influence of this primitive and extrinsic irritation of the posterior cords, and in virtue of a special predisposition, a secondary locomotor ataxia may be developed, but pathological anatomy shows a line of demarcation between the syphilitic and tabetic processes, which prevents us considering primary sclerosis of the posterior cords as of syphilitic origin, or accepting the doctrine of a primary specific ataxia. 3. These proofs of pathological anatomy are by no means weakened by the statistics produced in favor of the specific character of locomotor ataxia; they are still insufficient, subject to numerous objections, and need further evidence. 4. Nor are these proofs of pathological anatomy weakened, but rather confirmed, by the results of specific medication in locomotor ataxia. 5. The anti-syphilitic treatment, incontestably useful in cases of ataxia symptomatic of cerebro-spinal syphilis, and perhaps at the onset of the secondary form, may be positively injurious in the primary form. Hence it should be prescribed with caution in tabetic cases.

Dr. Daremburg relates at some length in the Archives Générales de Medecine for June, 1883, the histories of four cases of tuberculosis in which the actual onset of the disease was preceded for several years by a very noticeable change in disposition (Med. Record). The patients, who were of a lively and amiable disposition, attentive to their friends and families, and interested in all that was going on about them, became morose and sullen, neglected their business and displayed an unwonted irritability and peevishness. No cause could be discovered to account for this change of character. In the course of a few years the symptoms of tuberculosis manifested themselves, and the patients eventually all died of tubercular brain affections. From a study of these cases the author concludes: That when in an adult there is observed a marked change in character, consisting especially in a general apathy and a notable indisposition for study or work, for which no cause can be determined, there is reason to suspect the possibility in the future of the development of tuberculosis. The prognosis is yet more grave if there be an hereditary predisposition to this disease. And further, when once the existence of tuberculosis becomes established, a fatal termination from tubercular meningitis may be looked for.

The Milwaukee Sentinel, in a very sensible article on "Patent Medicines," truthfully says (Med. Record): "It is advertising that is the secret of success in the case of patent medicines, if there is any secret about it. There is not a patent medicine which is superior to the preparations provided for by the standard medical publications. It is much simpler, however, for the person who wants a medicine, to buy a bottle of patent medicine, good for every human ill, than go to a physician. By advertising a patent medicine extensively and persistently the people are brought to recognize certain common and simple sensations as evidences of a disease which this particular remedy will cure. About all that is required to succeed in the patent medicine line is money and nerve to use it in advertising. It makes no sort of difference what medicine it is—the combination of drugs is the item of least importance. It is well, perhaps, to put the drugs, if any are used, in spirits, so that a man can take his whiskey with a clear conscience—indeed, with a sense of his own worthiness in taking care of his health. Occasional changes in the name of the medicine and of the maker are desirable, for after a few years the public demands something new. The same medicine may be used, but a change of name and of the character of the illustrations is demanded. After a long run of a patent medicine as a cure for lung troubles, a new run may be established by calling it a remedy for stomach troubles.

When a fortune has been made out of lung pads, they can be cut down in size and another fortune made out of them as kidney pads."

THE LOCAL APPLICATION of weak solutions of corrosive sublimate is being appreciated from all quarters. Oculists are using it with satisfaction in certain cases of conjunctival trouble—one grain in sixteen ounces of water; it certainly is an excellent application, used of course with care, in diphtheria; and the Therapeutic Gazette gives the mode of using it after labor by the renowned Tarnier at the Maternity in Paris: The solution used was 1:2000, with which the patient is washed and injected; afterwards a compress dipped in the solution is applied to the genitals. During parturition a fresh compress is applied three or four times a day. As soon as anything abnormal in the course of the lying-in patient occurs, frequent injections are made into the genital organs. The results were good. Of 350 patients one died of an old peritonitis. No case of intoxication from the sublimate occurred. Sometimes the compresses irritated the outer genitals; the compresses were removed and the irritation ceased. Tarnier recommends that the bedding be disinfected before-hand.

DR. PAUL DAGAND WRITES to the Journal de Médecine et de Chirurgie Pratique for June, 1883, concerning an epidemic of measles occurring during the first quarter of the present year (Med. Record). In every case he observed a peculiar complication in the presence of a large number of lumbricoids, which were discharged from both the mouth and the rectum, sometimes to the number of fifty or more. He was called in haste, one day, to see a child suffering from measles and secondary pneumonia, from whose ear the father said a worm was coming. The child had complained for two days of violent earache, and Dr. Dagand, upon his arrival, discovered a piece of a worm, about a line in diameter, in the external auditory canal. A piece about two inches in length had already been torn away, and the attempt to remove the rest was successful. The entire length of the lumbricoid was about five inches. The worm had apparently passed up through the Eustachian tube and perforated the drum. There was an otorrhœa for some days, which gradually disappeared. When seen two weeks later the child was well, with but slight impairment of hearing.

DR. JANOVITSCH TSCHAINSKY relates in Medizinski Westnik, Nos. 12 and 13, 1883, the case of a peasant, twenty-eight years of age, upon whom he was about to operate for the removal of a lupoid growth from the under lip (Med. Record). Hardly had the patient taken two whiffs of chloroform when respiration ceased and he was dead. The necropsy revealed fatty degeneration of the wall of the right ventricle, while that of the left appeared to be normal. The reporter attributed the death to psychic causes, the dread of the operation. He relates several similar cases, among which was that of Cazenave. In this case the surgeon desired to operate upon a very nervous patient without chloroform, and in order to deceive him held a bag of pure air before his mouth; he breathed four times and died. Desault, being about to cut for stone, drew his finger-nail across the perineum to indicate the line of incision. The patient in his alarm gave a shriek and died.

THE USEFULNESS of Resorcin in diphtheria, according to Dr. J. Andreer, (Centralblatt fur die Med. Wissenschaften) is rapidly increasing. He has used it in acute and chronic diseases and now recommends it in infectious diseases. During the last five years he has treated diphtheria of all varieties to the number of two hundred and twenty-two cases, and all of these recovered. In the mild forms, cauterization with resorcin crystals or with a concentrated resorcin vaseline ointment was sufficient. In the more severe cases resorcin had to be used internally and externally.

Dr. C.C.F. Gay reports in the Medical Record a very interesting case of inherited syphilis. A girl of nineteen, an only child, came under his care suffering from pain in both mammary glands. These pains had lasted for four years. She had, previous to going under the care of Dr. Gay, been examined by a gynecologist, who reported an unruptured hymen. No question was raised as to her virtue. She was well educated and refined. An examination of the breast—so sensitive that ether was necessary to render an examination possible—revealed a hard nodular tumor with retracted nipples. At a consultation the tumors, although considered non-malignant, were doomed for removal. She reported at the consultation that her father, eighteen years ago, when she, the only child, was still a year old, had had a cancer removed from his throat, but as the father was still living, doubt necessarily was associated with the statement, without however any suspicion arising as to the cancer being associated with syhpilis. The tumors were removed from one side, Thomas' method being used with all precautions, and three weeks later there were no signs of union in any part of the wound. It looked and smelt like a syphilitic ulcer. The iodides used, and in four days the whitish stroma was removed and in its place red and healthy granulations appeared, the offensive odor was dispelled, and in three weeks more the wound was healed. After the patient left the hospital the records were searched for her father's case. It was found that he had entered the hospital for syphilis when his child was just four months old. He remained at the hospital only a few days, but returned again four times during a period of two years. Dr. G.'s conclusion is that the husband communicated the disease to the wife, and she in turn gave it to the child in embryo, and that possibly, could the diagnosis have been earlier made, an operation might have been spared. The right breast recovered soon after the performance of the operation on the left. It is doubtful whether the pains in the right were neuralgic from sympathy, but the suggestion s made that occasionally the so-called "neuralgic indurated breast," and the "painful breast" of mothers might be classed under the head of syphilitic mammary disease.

The Sixth Annual Session of the American Society of Microscopists, which adjourned on Friday, the 10th, to meet next year in Rochester, N. Y., was a decided success. The papers read were of more than usual interest, and showed that the microscopists of the country have not been idle during the past year. The reception which was given the society by the Calumet Club, at their pathological building at the corner of Michigan avenue and 20th street, left nothing to be desired. We are sure that all who participated in the pleasure of the evening remember with gratitude the Calumet Club. The display of instruments, amounting in all to about three hundred, furnished present delight and substance for reflexion for every participant. The upper part of the building reserved for two elegant projection microscopes was a source of unprecedented success both with reference to magnifying power and clearness of definition. A full report of all the papers with a list of the objects exhibited, was published in the Chicago Times of the following day. The president for the ensuing year is the Hon. J. D. Cox, of Cincinnati. The papers of special interest to the medical man were: "Preparation and Mounting of Bacteria," by Prof. T. J. Burrill, Ph.D., of Champaign, Ill.; "Effects of Pathogenic Bacteria," by H. J. Detmers, M.V.D., of Champaign, Ill.; "Effects of Ozone on Bacteria," by George E. Fell, M.D., of Buffalo, N. Y.; "The Effects of the Division of the Vagi on the Heart," by Dr. A. M. Bleile, of Columbus; and the "Termination of the Nerves in the Kidney," by Dr. M.S. Holbrook, of New York; and "The Microscopical Examination of Seminal Stains on Cloth," by Dr. F. M. Hamlin, of Auburn, N. Y.

Dr. Willam James, of Harvard University, has made some experiments to test the modern theory that the semicircular canals, instead of being connected with the sense of hearing,

serve to convey the feeling of movement of the head through space, which, when intensified, becomes dizziness (Popular Science Monthly). It occurred to him that deaf-mutes, having their auricular organs injured, might afford some corroboration of the theory, if it were true, by showing a smaller susceptibility to dizziness than persons with normal hearing. Of 519 deaf-mutes examined by subjecting them to a rapid whirling, 186 were wholly insusceptible of being made dizzy, 134 were made dizzy in a very slight degree, and 199 were normally, and in a few cases abnormally sensitive. Nearly 200 students and instructors in Harvard College, supposed to have normal hearing, were examined for purposes of comparison, and but a single one proved exempt from the vertigo.

Dr. B. S. Schultze attributes the apparent greater frequency of diseases of the female genital organs in the last ten years to the fact that our growing knowledge leads us to recognize their existence. One of the most frequent and troublesome affections is catarrh of the uterus, with its consequences, pelvic-peritonitis, and cellulitis, retro-flexion and oöphoritis. Its principal cause, aside from masturbation and gonorrhœa, is the entrance of atmospheric air in the genital tract, which occurs even in virgins, the menstrual blood being the channel for the entrance of the infectious material. Therefore the author advices the operative closure of the perinæum when that is torn, and, in the case of multiparæ, the placing at the vulva during menstruation tampons of salicylated cotton to hinder the entrance of air, and the use of warm water injections even during menstruation to remove clots. He warns against vaginal injections in childbed, as favoring the administration of air.

Prof. A. B. Prescott says (Med. Record): That the use of patent medicines without a knowledge of their composition does injury to the health of the people, for the following reasons: 1. They may, and in fact sometimes do, contain powerful or poisonous articles unsuspected. 2. They always may be, and often are, inert, and become a false reliance to the neglect of other and due measures in the care of health. 3. They are liable to be changed in composition, so that any experience of their effects as they are purchased at one time is not conclusive as to the same named articles purchased another time. 4. It is submitting health to the treatment of a distant and irresponsible stranger, and learning to hazard health in an apparent game of chance. 5. They are trusted to act as antidotes to disease in the sense in which no medicines can antidote disease. 6. They favor excessive recourse to medication and thereby increase the resort to physicians.

At a Recent Meeting of a medical society in Vienna (Med. Record) Dr. Felsenreich showed a child, two weeks old, on whom he had performed a radical operation for the cure of umbilical hernia. The birth had been easy and natural, and the child itself was strong and healthy, with no other malformation. A tumor of the size of a lemon was situated in the abdominal wall, the umbilical cord being attached to its summit. The separation between the recti muscles was eight centimetres long and four centimetres broad, and contained intestines and the margin of the liver. Twelve hours after birth the operation was made in the usual way, the hernial sac being attached to the edge of the skin-wound, which was closed by twelve silk sutures, and dressed with iodoform. The operation was completed in twenty minutes, without much sign of pain on the part of the child, which took the breast immediately afterward, and had a normal stool on the second day. The progress of the case was very satisfactory throughout, although the healing of the skin was somewhat slow.

Are French Flats Healthy? Yes, very. Are the people in them healthy? No. Why? They have to starve and go half naked to pay the rent. Why are these flats called French flats? To distinguish them from American flats. What are American flats? The people who live in French flats.

NOTHNAGEL SAYS (London Med. Record), that chronic intestinal catarrh, which has been little mentioned in text books, may be considered to be present when mucus appears in the motions, although its absence does not positively indicate the non-existence of catarrh. He divides the cases of the disease into four classes: 1st. Those patients who have a stool every second or third day, often produced artificially; this is the type of primary chronic catarrh of the large intestine, and depends, according to Nothnagel, on diminished anatomical activity of the ganglion cells. 2. Cases where a stool is passed daily, but each time thin, pulpy, and mixed with mucus. 3. Cases with irregularity in the state of the bowels, sometimes constipation, sometimes diarrhœa, and sometimes an alternation between the two; the diminished activity of the nerve-cells explains the constipation, and the irritation of the fæces eventually causes the diarrhœa, which may also be excited by a very small error in diet. 4. Cases with continued diarrhœa. Here, however, chronic ulceration must be distinguished from catarrh. Where diarrhœa is present without ulceration of the large intestine, he has always found an affection of the small intestine as well. When the food does not undergo its normal changes in the small intestine, it acts as an irritant on the mucous membrane of the colon, and causes the diarrhœa. Some patients have a stool after each meal, some after a mid-day meal only, and some after an evening meal only. Nothnagel would explain this by referring it to nervous influence.

DR. G. W. H. KEMPER, of Muncie, Ind., sends us the following (Med. Record): "On May 9, 1878, I removed one of those rather rare morbid specimens, a cutaneous calculus. The patient, a lady, aged fifty-five years, stated that about twenty years previously a small tumor developed in the right eyebrow, and gradually grew to the size of a hazel-nut. She had experienced no pain from it until the last year before its removal, when its presence became rather annoying, and at times caused neuralgic pains by pressure upon the supra-orbital nerve. It probably began as a sebaceous cyst, and eventually was transformed into a calcareous mass. I was uncertain of the character of the tumor until my knife came in contact with the stone. It is of an oval shape, rough surface, and weighs at this time seven grains. No further trouble was experienced after its removal.

ECLAMPSIA, says Donati, should not always be considered as the clinical expression of identical pathogenic states. He gives three forms of puerperal eclampsia (Gazette Hebdom., Med. News): 1. Eclampsia from mechanical causes, by compression of the aorta by the gravid uterus, giving rise to cerebral hyperæmia and œdema, with or without albuminuria. In primiparæ this form is caused by the resistance of the abdominal walls, and in multiparæ by tight clothes and hydramnios. 2. Reflex eclampsia, from vasomotor troubles of the cerebral vessels under the influence of excitations coming from the nerves of the uterus. 3. Toxic or dyscrasic eclampsia, in anæmic, septicæmic or other alterations of the blood. These forms are not always easily recognized in practice, yet each has its therapeutical indications. In the first, drastics, derivatives, and blood-letting are indicated. In reflex eclampsia, chloroform, ether, opium, and chloral are indicated; and in the toxic form, purgatives or diuretics, according to the nature of the case.

BELLEVUE HOSPITAL MEDICAL COLLEGE, while ostentatiously proclaiming in her announcement her fidelity to the Code of Ethics (Medical Age), places no restrictions on the admission of students to her classes, other than that involved in the price of her tickets. It is, of course, much more important that a physician be ethical than that he should be at all prepared by previous education to take up the study of medicine! Great is reform!

AT AIRDRIE a man named Torrance, the chief of the horse-drivers at Monkland Iron Works, was recently bitten in the arm by a horse so severely that he died from its effects.

CONTRIBUTIONS.

REMARKS ON CERTAIN DISEASES OF INFANCY AND CHILDHOOD AND THEIR TREATMENT.

BY JAMES K. WALKER, M. D.

[Read before the Mitchell District Medical Society, Mitchell, Ind.]

Gentlemen: The title of my paper is so comprehensive in its bearings that I have misgivings as to my having exercised good judgment in its selection. Being heavily burdened with many cares, and deprived of the time to write up the minutiæ, I hope to receive from you all a due allowance for any defects there may be in this paper.

The problems incidental to the diagnosis and treatment of diseases of children are among the most difficult the physician has to encounter in the practice of his profession. Although many of the ailments of children are very simple and transient in their character, yet they are none the less to be considered, and when we have to contend with the obscure and difficult ones we are often sorely tried, for we find them in some instances so imperfectly defined that the symptoms give us no satisfactory knowledge upon which to base a positive diagnosis.

In approaching the subject matter, or grasping certain points which must be considered to make a paper of interest to an audience of intelligent and experienced gentlemen, is a very difficult task to one unaccustomed to address the public or in preparing papers for public discussion.

We will pass over the mal-formations or defects of development which we find occasionally in our obstetrical practice, but which must receive the due consideration of the attending physician. When our little charge is dressed, the usual question is: "Doctor, what shall we feed it? it is so hungry;" and although we may gently protest against the proceeding, some wise old woman will at once proceed to give a draft such as the whim or fancy may suggest. In many cases this may not be attended with any appreciable evil results, but I think I am cognizant of many, in which the subsequent ill health might be fairly attributed to the violation of what we might term the laws of nature. If food was indispensable at this early date, the All-wise Creator would have made the needed provision for the emergency. The stomach at the earliest infancy is so delicate and easily impressed, that we can readily understand how an irritation may be excited which will soon bring on inflammation, but if not this, at least induce colic or diarrhœa and call for anodynes, which come prepared in the form of soothing syrups, and cordials, and thus prepare the way for a costive condition of the bowels, and further disorders by drying up the secretions. These evils it is almost impossible for us to control, although we may give all required commands and warnings. Hygienic regulations are all important at this period of life, even of more importance than in after years, yet so little regarded in many instances, and by a correct observance of them many of the diseases of infancy may be avoided. The period of infancy extends to about two and one-half years, or the completion of the first dentition. During this trying period with numbers of children we have many distinguishing features especially interesting to the physiologist, and also to the observing physician, as at this period the organs are all delicate and easily impressed, either favorable or otherwise, as they contain a large proportion of water. We have all the ill effects of sympathetic irritation, which makes itself known through the stomach and bowels by disordered digestion, diarrhœa, vomiting and all those accompanying symptoms commonly known by the ordinary appellation of summer complaint.

Non-inflammatory diarrhœa, which is so frequent during the whole period of infancy, and which may be sub-divided into several varieties by the critical observer, such as acid, mucous, and serous, but which we will speak of under the one heading, Diarrhœa, and call them only variations in type, may soon terminate in inflammation. The influences which may cause diarrhœa in children would have no appreciable effect on the adult. A common cause is food of unsuitable quality or quantity, that does not digest well and stimulates the intestinal follicles to excessive secretion, or accelerates the peristaltic action of the intestines. Too frequent feeding may also produce this result, the food not needed for nutrition serving as an irritant and producing green and unhealthy evacuations.

It is unnecessary and also impracticable to name the many exciting causes of the disease. Cold or heat and dentition play an important part.

In some children the evolution of teeth is attended by a relaxed state of the bowels, which ceases when the gum is pierced. We can, in a paper like this, merely group the more practical outlines of the disease and draw our own conclusions, and pass on to the treatment and give views in regard to certain facts of the *most serious* importance. It is of course essential to ascertain as far as possible the cause when it can be done, obviate this and correct the existing constitutional disturbance with the mildest therapeutical agents at our command.

I have reason to believe many children lose their lives with this apparently slight disease by having it complicated by the use of ill-advised remedies. I have in mind several cases which died,

according to my judgment, from having the bowels checked and the secretions locked up in the body by the use of astringents, such as acetate of lead, or the vegetable astringents, as gallic acid, or tannic acid, with opium in some form, and also by trying to control the fever with quinine in doses far in excess of the vital power of the child. I will cite a few cases as briefly as I can in order not to fatigue you. In the summer of '81 I was consulted in regard to the health of a child twenty months old suffering from diarrhœa and daily paroxysm of fever. The diarrhœa was not excessive, nor the fever high, yet there was more or less fever all the time, which reached its height about 3 o'clock in the afternoon. I found that the child was cutting teeth, but can not state what particular one was the cause of the trouble, or whether there was more than one. I however prescribed inglunin, bismuth and hydrarg. cum creta, with some febrifuge mixture, and in the remission quinine in one grain doses, two and a half or three hours apart till three were taken, for three days, and did not call again. In a few days however I was called in consultation with a medical brother who had taken the case in hand. I found the child bathed in perspiration, cold, with labored breathing and only twelve respirations per minute, pulse fifty-four, pupils widely dilated. Upon inquiry I found it had taken quinine in three grain doses every three hours, till fifteen grains were taken, before any alarming symptoms were observed.

The attending physician was present and admitted the statement as being correct. Up to the time of beginning the quinine the child had continued in about the same condition as when I at first saw it. I at once stated that the child was dying from over dosing with quinine. This was about 2 P.M., and on the following morning it died. Was I correct in my statement? and if so, what was the particular pathological condition induced by the excessive use of quinine, and by what physiological metamorphoses was death induced? If this child had received a rational course of treatment attended with a little patience, extending over a week or perhaps ten days, in order that the evolution of the tooth might have been completed, why should this case not have terminated favorably? Arterial sedatives, with suitable anodynes and diaphoretics, would most certainly have been indicated. Could one in any case be justified in administering that much quinine to a child of the age of the one here referred to? Is it probable meningitis, or what is by some writers termed spurious hydrocephalus, occurred at this particular juncture independently of the excessive dosing with quinine?

Another case which I was treating terminated in a somewhat similar manner. A child nineteen months old, of fair complexion, with very large head, was teething, and troubled with diarrhœa. I enjoined caution in regard to suddenly checking the bowels. It had no particular febrile excitement. I gave a mild corrective of bismuth, ingluvin, hydrarg. cum creta, and gave directions as to diet. I saw the case no more, but learned it took by direction of a physician acetate of lead and opium, that the bowels were at once locked up and that meningitis supervened, and the child died on the sixth day after I saw it. This will illustrate my point for consideration and discussion. In prescribing a rational treatment I think it is essential to study well the case and ascertain the particular cause if possible, and try to remove it as far as one can, for it is not until the cause ceases to operate that we can expect any satisfactory results from medicine. We may temporarily relieve our patients and during this time the exciting cause may be removed, and thus the patients recover permanently. If medicines are needed and the symptoms are not too grave, it is generally best to commence treatment with some mild laxative, and if great acidity exists a mild alkaline draught will perhaps be best, such as Rochelle salts one half to a teaspoonful at a dose, which will remove all the irritating substances from the intestinal tract. If the bowels have been constipated previous to the diarrhœal trouble, rhubarb in the form of tincture combined with magnesia, syr. ginger, and a few drops of tr. opii. camph., if there is much pain, will frequently give satisfaction. In the employment of astringents I think great caution should be exercised, yet many advise their use and I frequently employ them, but in small quantities, and if the bowels are checked for five or six hours I order an injection or give a mild purgative. In several cases I attributed my success in saving life to the use of injections of warm water, and the withholding of free draughts of water at a time when the thirst was very great, simply letting the nurse put a mop wet with cold water to the mouth, or rather in the mouth, and this every few minutes to allay the distressing thirst. Now, these cases, in which the injections seem to act so well, were severe ones in which the stools were as green as grass and tenesmus was very great, and I was inclined to the view of existing enteritis or entero-colitis. I am frequently unable to decide when inflammation begins, as the tenderness cannot be ascertained in infants so readily as in adults, for they will frequently cry whether touched or not. In the inflammatory diarrhœa and cholera infantum we will have to vary our treatment to suit the emergency, and, particularly in cholera infantum, we will have to be on the alert or we will lose our patients in a very short time, for every hour the watery evacuations continue lessens the resistive power of our little sufferer. By some, cholera infantum is so extended as to em-

brace a large per cent. of the diarrhœal maladies affecting infants in the summer months, but from my acquaintance with it by reading and observations, it should be limited to that period from which the watery dejections begin. Cholera infantum may be, and usually is, preceded by a premonitory stage, that of simple diarrhœa; the stools being perhaps thinner than natural and more frequent, but not such as to excite alarm. In a short time exhaustive discharges occur, accompanied by vomiting and rapid and great emaciation. These discharges soon become thin and are soaked up by the diaper as readily as urine, and in some cases produce scarcely any more stain. The loss of strength and emaciation are more rapid than with any other diarrhœal malady, except Asiatic cholera and the most severe cases of cholera morbus. One would scarcely recognize in the melancholic aspect of the sufferer the child of a few days previous. The eyes are sunken, eyelids and lips permanently open from loss of muscular tonicity.

In the prognosis in cholera infantum we must be very guarded; at least not hold out delusive promises and have our patients unexpectedly die. It is very difficult to give explicit directions in reference to the most successful treatment. In many cases it will be well to begin by administering a mild evacuant as tinct. or syr. rhubarb, magnesia or castor oil, any of which will suffice our purpose. Then follow with suitable anodynes, and correctives, calomel administered in combination with opium, or Dover's powder, as demanded. Ingluvin, bismuth, with or without hydrarg. cum creta, in very small quantities. The following prescription has been satisfactory with me: ℞. Syr. rhei aromat, ℥iij; tr. kino, ʒj to ʒij; tr. opii. camph., ʒij to ʒiij; aq. menth. pip. and aq. calcis, q. s. to make ℥ij or ℥iij. One or two drops of creosote may be added. Tr. belladon. and wine ipecac may also be used alone or combined as thought best. The old chalk mixture is also good. When there are indications of exhaustion the vital powers should be sustained by good whisky, milk punch or broths. I fear you will all tire of hearing me, yet I wish to speak a little on the irritative fevers of infancy and childhood. Under this appellation are included all idiopathic fevers resulting from causes of irritation, having nothing peculiar or specific in their mode of operation. The cause may or may not be sufficient to produce inflammation; all that is necessary in its action is that it should induce an over excitement of one or more functions, which, being propagated by nervous communication or otherwise to different parts of the system, may throw all the functions into a state of derangement, which may last for a longer or shorter time after the direct action of the cause shall have ceased. I place the infantile remittent of authors among the irritative fevers, and this very much interests me at present, as I have been severely taxed by two cases which have baffled my skill for nearly three weeks, but I am glad to say are now recovering.

I will cite a case here to illustrate my views upon the irritative fever. I. A., seventeen months old, of healthy parentage, about the sixth of June began to suffer from ill health. I was called to see him, and found his gums swollen and bowels costive. He had a daily exacerbation of fever with remissions, no sweating at any time. I gave cathartics of rhubarb, hydrarg. cum creta, and small doses of podophyllin rubbed up with sugar in the proportion of twenty grains podophyllin to one ounce of sugar, and of this gave two grains combined with the two above mentioned agents. I also gave tr. aconite root, gtt. iij; veratrum viride, gtt. vi; tr. belladonna, gtt. iv; tr. gelsemine, gtt. xvi; elix. bromide potass., ℥ss; syr. q. s. to make ℥ij. M. Half teaspoonful every three hours. And quinine, gr. viij; syr. tolut., ℥i; aq. dist., ℥j; tannic acid, gr. ij; oil peppermint, gtt. ij. M. Teaspoonful every two hours when the fever was on the decline, till five doses were given daily. As the patient did not improve for some time, and continued costive, I gave him a purge daily of hydrarg. chlo. mit., gr. iij; rhubarb, gr. iv. The above treatment was continued with slight variation till about the fifteenth day, when I incised the gums and he had a good intermission. On the eighteenth day I gave quinine in eight grain doses till the fever ceased to return, which was the twenty-first day, and he now is gaining flesh and good health. I have two other patients under my charge whom I propose to treat in the same manner. I forgot to state that in the above case the thermometer registered 105 degrees on several days. I have another patient under my care whom I have only seen three or four times, and can make no positive diagnosis of the case. He is simply very fretful, cries a great deal at night, has very little fever, is continually costive and is losing flesh. The parents are healthy, and the child was well developed and healthy up to six months of age. I prescribed cathartics and anodynes, febrifuge mixtures, and finally chondroline, prepared by Leich & Carlstadt, Evansville, which is fifty per cent. Norwegian cod liver oil, emulsified with Irish moss and other ingredients which I do not at this moment recall to mind, which seems to agree well with the child. He has been sick about five weeks, and as the gums show no tumefaction it is not presumable that the irritation is there, and whether tubercular development is going on or not I can not yet state, but I have fears that such is the case, as the thermometer registers one to two degrees increase in temperature.

In conclusion, I would like to speak of simple meningitis, in order to elicit some discussion and

obtain the views of the members present in regard to its causation. Many opinions are given in medical books, but none mention the too sudden locking up of the bowels as a cause, and whether this ever produces meningitis is the question I would like to have determined. I will give the points in a case I saw in February, 1883: A little son of C. G., about four years old, had been ailing for some time. I saw him on the twenty-fourth; he had very little fever, and I saw nothing to excite alarm except that strabismus had occurred in the left eye. I thought perhaps the child might be troubled with worms, and gave some treatment upon that idea. I saw him every day for the next ten days, and the symptoms becoming more aggravated I made my diagnosis as positive that there was meningitis, and in spite of all remedies, and with aid of counsel, he died on the fourteenth day after I saw him for the first time, and what was remarkable to me, as in several other cases I have observed, was the great length of time he lived after all hope had been abandoned, and I had ceased to visit him. After the third day from my last visit I was passing by and stopped in to see him and found him in convulsions nearly half the time, and he had been in that condition for twenty-four hours. The treatment from the beginning, except what was for worms, was such as might have a derivative action from the brain and quiet him, with cold applications to head, and mustard to extremities occasionally. I did not try blisters or embrocations to nap of neck or spine, nor did I give him severe drastic cathartics. I gave iodide and bromide of potassium.

The diseases of children are very interesting to me, and I should be pleased to hear from some of the gentlemen present.

*NEW EXPERIMENTAL CLINICAL RESEARCHES UPON ALBUMINURIAS, AND PRINCIPALLY UPON THAT OF BRIGHT'S DISEASE.**

BY PROF. SEMMOLA, OF NAPLES.

At the meeting of the Paris Academy of Medicine held June 5th, Prof. Semmola made a very interesting communication. The following is a detailed abstract:

Prof. Semmola began by reading several paragraphs from the Transactions of the Academy of Medicine, of Naples, for 1850, to call attention to the fact that he was entitled to priority in all researches respecting the influence of food on the quantity of albumen eliminated by the kidneys in those affected with Bright's Disease.

*Progrès Mèdical, June 16, 1883.

At that time, he demonstrated that under the influence of an exclusive intragenous diet albuminuria may become twice or thrice as abundant, and that under the influence of starches albumen is reduced one-third or one-quarter. This influence of diet became, for him, the fundamental criterium which made him admit that the action of the kidneys was secondary, and that the true pathological condition constituting the starting point of all the symptoms was a want of combustion of the albuminoids of the blood.

Later, in 1861, from further researches, he concluded that the passage of albumen through the kidney could take place without any change in the epithelium, and that, on the other hand, it was the functional irritation produced by the forced elimination of the albumen by the kidney, as if it were a foreign body that was capable of producing, first a renal hyperæmia and later an irritative process of the different histological elements of the kidney.

The opposition made to this theory by anatomists did not deter him, and in his succeeding researches he adduced new clinical proofs as well as experimental in favor of the hematogenetic origin of albuminuria from Bright's disease. His principal arguments and experimental proofs were as follows:

1st. Diminution of urea from the very beginning of the albuminuria of Bright's disease without accumulation of the same in any part. 2d. Identity in chemical character of the albumen found in the urine, and that of the blood serum in patients with Bright's disease. 3d. The constant bilateral alteration of the kidneys in true Bright's disease, and consequently, the necessity of a general cause which ought to pervade, to bear any influence especially upon the two kidneys. 4th. The regretful confusion which the anatomical point of view has produced in the clinical field, imagining clinical types which do not exist in reality in the face of the artificial division of the renal lesions, and consequently the loss from view of the true pathological type for which must be reserved the true name of Bright's disease.

Since three years Prof. Semmola, having, after a long experience, become persuaded of the great imperfection of chemical reactions to differentiate the different albumens, fixed his attention on the degree of diffusibility of the albuminoids of the blood in the different albuminurias, in respect to their cause, and the degree of diffusibility of the albumen which accompanies the urine. He expressed it as his profound conviction that here is the secret for the study of the different gradations of albuminoids in proportion to their assimilability or, in other words, of their aptitude of playing their part in the function of nutrition. He arrived at the following conclusions:

1st. The albuminoids of the blood of those having Bright's disease diffuse more considerably than the albuminoids of the blood of other albuminurias (mechanical albuminuria, etc).

2d. In those suffering from Bright's disease in the first degree, and consequently curable, if the serum of the blood be examined before and after cure, it will be found that the diffusibility of the albuminoids of the blood increases, diminishes or ceases in a well-marked manner connected with the quantity of albumen passed in the urine. It is evident from this that the degree of diffusibility of the albuminoids of the blood constitutes the true point of departure of the albuminuria of Bright's disease.

3d. This physico-molecular quality of the albuminoids of the blood, which characterizes those not assimilable and which consequently brings about their forced elimination, is produced by more or less considerable fault in the cutaneous functions.

In confirmation Prof. Semmola produced a large number of laboratory experiments and clinical observations, which clearly prove the relations existing between the activity of the cutaneous functions, and the alteration of the diffusibility of the albuminoids of the blood, that is to say, their degree of assimilability.

He made comparative examinations of the degree of diffusibility of the albuminoids of the blood before and after varnishing the skin, to a greater or less extent, to permit the animal to live a sufficient length of time.

He always found that other things being equal, the serum of the blood of these animals shows at least one-third of the albuminoid principles, which diffuse as soon as the varnishing, occupies at least one-half of their cutaneous surface. In those cases are also observed albuminuria, and the bile of these animals also contains albumen in the proportion of three to five per thousand.

As to clinical observations, he has collected a series of cases of eczema (chronic) and psoriasis whose appearance upon the skin alternated with albuminuria, and which were completely cured by a protracted hydro-sudopathic treatment. He noted a very curious case of cutaneous seborrhœa in which the skin of the patient perfectly reproduced the experiment of varnishing in dogs.

Water not wetting him, the patient for a long time always felt cold and felt the slightest breath of air, and he had become profoundly cachectic. There was albuminuria, and it was only after hydro-sudotherapy that the patient was completely cured; after this the albuminuria never reappeared.

It is a settled fact for Prof. Semmola that the first stage of Bright's disease is constituted by a profound modification of the albuminoids of the blood, which succeeds in regular gradation to the progressive weakening of the respiratory functions of the skin, under the influence of cold and moisture, which, to say the truth, are according to him fundamental causes of true Bright's disease. This action of cold and moisture is excessively slow, and the patients are ill without perceiving it. At this time, there exists already the three characteristic symptoms of the disease, that is in order of succession: 1st. Increasing diffusibility of the albuminoid principles of the blood, and consequently, increasing diminution of their power of being assimilated, This chemical state he denominates *eter-albumenemia*. 2d. On the one hand diminution in the quantity of urea, and on the other the forced elimination of albuminoids by all the emunctories destined to organic depuration, the kidneys occupying the first rank.

From these results he was led to analyze the bile after death. And that which characterizes the albuminuria of Bright's disease from others is that albumen is found in the bile of the former and not in the latter.

The sweat and saliva, artificially excited, present the same difference, in regard to the presence of albumen. The final conclusion is, without doubt, of great interest, because it ranges itself with the differences already noticed in the diffusibility of the albuminoids of the blood in the different albuminurias; it is as follows: in albuminuria of Bright's disease, there is a loss of albumen which the organism suffers through the different emunctories to get rid of albuminods which are not asssimilable, and in the other albuminurias, (mechanical, nephritis) the elimination of albumen is due to a purely local cause which is dependent either upon the degree of pressure of the renal circulation or upon epithelial alterations.

To complete this structure built upon laboratory experiments and clinical observations, one thing more remained, to demonstrate experimentally that the albuminoids which could not be assimilated, and by that means become foreign to the organism, were capable of producing a process in the kidneys analogous to the nephritis due to Bright's disease, from the mere fact of their passing through the renal filter. This is precisely what Prof. Semmola did with a long series of experiments very ingeniously conceived and very conclusive. He made injections of albumen in the cutaneous connective tissue, and completely rejects the practice followed by a few experimenters to inject directly the white of an egg into the blood, being convinced that following such injections into the blood are troubles too profound to obtain complete resemblance with *eter-albumenemia* or the *eter-albuminose* furnished by nature. He injected variable quantities of the white of an egg from 20 up to 70 grams. per day,

having always a due consideration of the weight of the animal in order to establish a constant relation between it and the albumen injected.

From the second day, he saw gradually coming on a hyperæmia, sometimes simple, at others accompanied by globular extravasation in the capsule or even the very interior of the uriniferous tubes. The capsule becomes distended by an amorphous or granular matter having the characteristics of albumen. Later opaque tumefaction comes on, migration of lymphoid cells, very advanced fatty degeneration, necrosis of the epithelia, and even a proliferation commencing in the connective tissue in the animals which had resisted the injections of albumen for a long time.

After these first results, and to place another test upon his principle, Prof. Semmola repeated the same experiments, employing for his injections other albuminoids less heterogeneous than the white of egg, that is to say the yolk of egg, the serum of blood, albumino-peptones and milk. It would be impossible to give the details of all of these experiments, and we must be content to say that the more the chemico-molecular constitution of the albumen approaches that of the blood albumen the less harmful it is in its passage through the kidneys. Thus, injections of blood-serum in the subcutaneous connective tissue are followed by albuminuria, but, all things being equal, they produce renal irritations which are more slow, more feeble and more transitory.

In conclusion, he has observed that in dogs we find an anasarca more or less developed in proportion to the quantity of albuminoids injected, and the more or less marked degree of diffusibility of the albuminoids of the serum. With small amounts, anasarca never shows itself, although there is also the elimination of small quantities of albumen through the kidneys.

It is almost useless to insist upon the importance of these researches, which open a new field for the study of Bright's disease and which confirm so thoroughly the pathogenetic principles that Prof. Semmola has so long held. It also confirms, as he has so clearly demonstrated, that the chemico-molecular constitutions of albuminoids of the organism in life is of the greatest variability, and that, a nothing, a simple passage through a living membrane, is capable of modifying them, up to the point of rendering them no longer assimilable, and diffusible, that is to say incapable of performing their office in the function of nutrition. [The meeting having been already greatly prolonged, time did not permit Prof. Semmola to complete his communication in respect to the scientific and rational development of the therapeusis of Bright's disease.]

*A CASE OF RECENT ENDO-CARDITIS, OCCURRING IN AN OLD CASE OF AORTIC INSUFFICIENCY, WITH SOME REMARKS ON THE DIAGNOSIS OF ENDO-CARDITIS.**

BY DR. M. HEITLER.

[Instructor in the Vienna University. Translated by John H. Brannan, A.B., M.D., Colo. Springs, Colorado.

The diagnosis of acute endo-carditis is as a rule very difficult; though we diagnose it frequently, relatively speaking, the reason of this lies not so much in the reliability of the signs necessary to a diagnosis of this disease, but rather in the fact that endo-carditis often occurs as a complication in certain diseases. Even more difficult and possible only under especially favorable conditions is the diagnosis of recurrent endo-carditis, complicating an old valvular lesion. We therefore feel justified in publishing a case in which the diagnosis of recurrent endo-carditis was made with certainty, and in the course of the report we shall dwell upon the points on which the diagnosis rested.

On the 1st of January, 1882, a young man, seventeen years of age, was admitted to the medical department of the General Hospital. He was suffering from slight pains in the joints, which had existed for three days, and there were also signs of a simple, uncomplicated aortic insufficiency. The patient had no fever, the joints were not swollen, only a few of these were slightly painful, all other organs excepting the heart were normal. As the signs found in the cardiac region are most important in forming the diagnosis of recurrent endo-carditis, we must give them in detail.

The heart impulse, which was rather strong, was to be felt in the fifth intercostal space, about a finger's breadth outside of the mammary line. The heart was somewhat increased in length, but was normal in breadth. (The cardiac impulse is found not rarely in the fourth intercostal space in many persons, especially in youth; we could therefore make the diagnosis of hypertrophy of the left ventricle from the position of the heart in the fifth intercostal space outside of the mammary line, the thorax being of normal build). At the apex were heard a clear systolic sound and a rather strong diastolic murmur; the latter could be at once designated as an aortic murmur conducted downwards. It was louder at the lower part of the sternum, and had its greatest intensity in the second intercostal space to the left of the sternum. A dull first sound and a diastolic murmur were heard over the aorta; the pulmonary second sound was dull, the pulse rapid. The diagnosis of old insufficiency of the aortic valves was therefore made. The history of the patient supported this diagnosis,

*From the Wiener Medizinische Woch., of May 5, 1883.

he having suffered from acute articular rheumatism three years before, since which time he had been troubled with palpitation on active exertion.

The pains in the joints soon passed away, the patient felt well and wished to leave the hospital. The same cardiac signs were found on repeated examinations of the heart. Early in February, however, he began to complain of headache and violent palpitation of the heart, soon after which elevated temperature and increased pulse rate were noticed. The temperature was not high, being 38.5° C. (101.3° F.) in the evening, and 37.5° C. (99.5° F.) in the morning. I saw the patient again, after the fever had lasted six or eight days. As soon as the presence of fever was remarked, I made the following notes:

The occurrence of fever in chronic valvular lesions, which run their course entirely without fever, points to a complication. This may be entirely independent of the valvular affection, or it may be more or less dependent upon it. In this case the lungs were normal, the spleen and liver were not enlarged, the urine contained no albumen, the abdomen was not painful, there was no diarrhœa, no eruption, there were no symptoms pointing to an affection of the brain; in short, all the organs save one remained as before. The heart alone showed a change from its former condition; its size was unchanged, the impulse a little stronger, but at the apex, together with the loud transmitted aortic diastolic murmur, could now be heard a short, rough, systolic murmur and a similar diastolic murmur. The two murmurs passed directly, the one into the other, so that the diastolic one could be designated presystolic. The pulmonic second sound was somewhat accented. It could, therefore, be said that mitral murmurs were now present which were not there before.

The new mitral murmurs show a recurrent endo-carditis. Of these the presystolic murmer is especially important, and points with the greatest probability to an anatomical lesion of the mitral valve. A systolic murmur alone would not justify the diagnosis of an anatomical change in the mitral valve; apart from the fact that systolic mitral murmurs occur from various causes in diseases attended with fever, we often observe them in cases of aortic insufficiency as a result of the dilatation of the left ventricle.

We may then conclude that the supposed anatomical lesion of the mitral valve and the fever stand in causal relation to each other, in other words that we have to do with a mitral endo-carditis.

The post mortem proved the correctness of the clinical observations. Two days before death enlargement of the liver and spleen was noted, there was bloody expectoration with moist râles in the lungs, and later delirium. The patient died on the 20th of February. The temperature remained as in the beginning of the disease.

The autopsy gave the following results: Recent valvular endo-carditis, the mitral, tricuspid and aortic valves being all affected; also active dilatation of the ventricles and degeneration of the myocardium. Lobular pneumonia with universal hypostatic congestion. Recent pericarditis. The edge of the mitral valve and also that of the slightly thickened and shriveled aortic valves were covered with small granulations; on the tricuspid the granulations were larger. The hypertrophy of the left ventricle was remarkable.

The main points upon which the diagnosis rested in this case may be summed up as follows:

1. The accurate knowledge of the condition of the heart before the supervention of the fever.

2. The negative results given by physical examination of the other organs during the fever.

3. The development of valvular murmurs which did not exist previous to the fever, and which pointed with certainty to an anatomical lesion of the valves.

That which Bamberger said twenty-six years ago with regard to the diagnosis of endo-carditis in general still holds true, namely: "The diagnosis of endo-carditis is seldom easy, usually difficult, often impossible." It can be said that with few exceptions the diagnosis of endo-carditis, especially of mitral endo-carditis, can only be made with certainty a posteriori, if, after the feverish process has run its course (for instance, some time after an attack of acute articular rheumatism), there are positive signs of impeded circulation at the mitral orifice. During the acute stage neither the objective signs on the part of the heart nor the subjective symptoms of the patient are sufficient to render the diagnosis certain; this has been proved in cases of fatal articular rheumatism, in which endo-carditis had been diagnosticated, but in which the autopsy showed the valves to be intact.

The enlargement of the heart, the murmurs, the accented pulmonic second sound, and the various subjective symptoms can all be caused by an acute dilatation of the heart, such as occurs in various diseases accompanied by fever. If the aortic valves are affected the diagnosis is often easy; a diastolic aortic murmur, arising during the course of the fever, will exclude all doubt. A diastolic mitral murmur warrants a like certain conclusion, and it may be considered as a pathognomonic sign of mitral endo-carditis. The diastolic mitral murmur is however very rare in acute endo-carditis; I have noticed it but three times, though I have watched for it carefully; it appeared a short time after the development of the systolic murmur.

It should be added that clear heart sounds during and after the fever do not allow us to exclude endo-carditis; the inflamed valves can still close the orifice and the murmurs may not appear until later, when contraction of the valves has occurred. This fact necessitates a certain caution in the prognosis in acute articular rheumatism

SELECTIONS.

ON THE USE OF ANÆSTHETICS DURING LABOR.

BY THOMAS D. SAVILL, M.D., LONDON.

[British Medical Journal.]

In opening this discussion, I will ask your kind attention to three questions:—

1. What are the advantages and disadvantages of the use of anæsthetics during normal labor?

2. What are their advantages and disadvantages during abnormal labor?

3. What is the best kind of anæsthetic to use, and the best mode of administration?

1. In normal labor. Many years ago this subject had a moral aspect, and I am told that the question still exists in the minds of the laity, but we need scarcely stop to discuss it now. The pains of even healthy labor are in some cases very severe, producing at times what almost amounts to delirium. Are we not then justified in giving some form of anodyne, just as we would for a neuralgia? Provided we avoid certain risks, why should we not assuage the pain in the one as well as in the other? In these days of scientific medicine, when we are so far in progression of the knowledge of the conditions and sources of danger, we can with greater boldness employ agents for the relief of suffering, which, in darker times, we rightly hesitated to use even for the necessary treatment. Moreover, pain is a depressing agent in itself, and lowers the vitality of the sufferer; and we ought, on this account, to relieve it where possible. Of course, it behooves us first to become acquainted with the risks we run, and to see that they are reduced to a minimum. But the relief of pain is not the only advantage which anæsthetics have in normal labor, for they also obviate a tendency to certain complications. Rigidity of the cervix, and other irregular uterine contractions, depending on functional causes, are less likely to occur when chloroform has been given, even to a slight extent; and the indirect good thus done is equivalent to all the advantages of a speedy over a tardy labor. Again, in some women there is an inherent predisposition to puerperal convulsions, so justly dreaded by the obstetrician; and this tendency anæsthetics will counteract by quieting the nervous system, and abolishing the pain which acts as an exciting cause.

It is right, however, that we should bear in mind the objections that there are. The first, and indeed the only formidable one, is the tendency to produce post partum hemorrhage. It is now well established that both ether and chloroform, when given to the full extent, produce great relaxation of the muscular tissues throughout the body—voluntary and involuntary. About the voluntary, anyone can assure himself; and that the organic muscles also share in the general relaxation, is evidenced by the diminished vermicular movements of the intestines of an animal after death; by the dilatation of the pupil which occurs after the initial stage of administration; and by the diminution and sometimes abolition of the uterine contractions, which occur when the full effect of either of these drugs is induced. It is in this way that they hinder nature's method of closing the uterine sinuses after the separation of the placenta, and then flooding occurs. How to obviate this untoward result should be one of our chief aims, when an anæsthetic has been used.

By interfering with the uterine contractions before expulsion of the fœtus, labor becomes somewhat prolonged. And further, all anæsthetics (but especially ether) are apt to be attended with troublesome vomiting, and followed by headache and depression.

You will notice that all these evils arise from complete anæsthesia. Partial anæsthesia is not attended by them, if other conditions be favorable; and I believe it is this fact which will explain the discrepancy between some of the statements as to the effect of anæsthetics on the uterine contractions.

2. Let us now turn to the case of abnormal labor. By that I mean labor that is complicated in some way, or necessitating some form of operative interference.

Here, besides relieving pain, an anæsthetic greatly facilitates manipulations of all sorts. That very relaxation which is otherwise an evil is here of great use; especially is it so in the operation of turning. Of all operations, perhaps, it is more advantageous in cases of version than in any other; but at all times, whether for craniotomy, cephalotripsy, high forceps operation, or the introduction of the hand into the uterus, fully induced anæsthesia gives great assistance to the operator, and much ease to the patient, enabling her to undergo the operation without movement or shock. Again, besides obviating a tendency to the two complications —spasm of the cervix and puerperal convulsions— chloroform constitutes the best and speediest mode of treatment for both of these conditions when they arise; the first by relaxing tissue, and th

second by abolishing the reflex excitability of the nervous system.

The disadvantages are—1st. The great tendency to the production of post partum hæmorrhage as already mentioned; and 2ndly. A fresh one—in the way it muffles and obscures the pains, so that we cannot tell the precise moment to aid nature with our efforts. This applies mainly to the group of forceps operations.

3. We now come to the question, What is the best anæsthetic to use and the method of its administration? The division of cases into norma and abnormal has a practical application; for in normal cases it is given solely with the object of relieving pain, and it is quite necessary to push the anæsthetic to loss of consciousness; but in abnormal cases, besides relieving pain, it is given as part of the treatment, and complete anæsthesia must be induced.

The best kind of anæsthetic to use has hitherto been pretty well agreed upon; for although many drugs have been suggested, chloroform has justly carried off the palm. Of the two commoner anæsthetics, chloroform and ether, we know that, whereas chloroform tends to produce death suddenly by cardiac paralysis or syncope, ether, in most cases, tends to death by chocking up the lungs or larynx. In the fatal syncope of chloroform, all is over in a moment; artificial respiration or anything else is of little or no avail. But in the asphyxia of ether, by pulling the patient's tongue forward, rolling him over on his side, and lastly, by artificial respiration, we can almost always restore him. And this constitutes the only, though great advantage of ether over chloroform in ordinary cases. But these arguments do not hold in labor, for it is now well known that chloroform has but little tendency to the production of fatal syncope in pregnant women; a fact which may be accounted for, partly by the cardiac hypertrophy that always accompanies pregnancy, and partly by the absence of anything like terror in the excitement of the moment. On the other hand, the disagreeable irritation of the lungs which ether produces, and the struggling and length of time it takes to produce anæsthesia (especially in unaccustomed hands) constitute very great objections to its use in parturition. Some, however, still prefer it, and no doubt it is of much value when for some reason chloroform cannot be given. Methylene dichloride has been tried and found wanting; and you will find the merits of nitrous oxide, expounded by Dr. Macan, in the journal for February 2nd of this year. Chloral is useful during the first stage—at which time chloroform is not advisable—and is warmly supported by Dr. Playfair. Its action is the same as chloroform, and it is safer, but it is also much less speedy and efficacious.

The method of administration of chloroform must differ according to the purpose we have in view. If the relief of pain be our only object, its partial administration may be effected either by giving the crude drug in small quantities, or by diluting it to the appropriate strength with alcohol. This latter method has the advantages of being safer and more exact. The alcohol, also, in some degree, counteracts the depressing influence of the chloroform. I believe the most convenient proportions to be equal parts by measure of chloroform and rectified spirit; and there are two small practical points worth note: (1) the addition of some aromatic serves to make the mixture more agreeable, perhaps to prevent sickness, and to avoid confusion with pure chloroform; (2) add the chloroform to the spirit, so as not to get a precipitate.

Concerning the inhaler, the simplest is the best. A perforated box with a pad of lint inside, or handkerchief folded will do, or Skinner's inhaler and drop-bottle are convenient. There is no need for a special administrator in these cases; the patient can give it to herself. Direct her to take half a dozen deep inhalations, and then, as she becomes drowsy, the inhaler drops off, and the administration ceases. A useful test of the effect produced is her power of conversation.

In normal cases, chloroform should not be given in the first stage, when it materially interferes with the mechanical dilatation of the os. In the second stage it may be given at any time, and becomes especially necessary towards the end, as the head passes the vulva. Much of the success, or the reverse, depends on the precise moment at which the administration is stopped. If too early, the patient is unrelieved during the most painful period of the whole labor; if continued too long, you run the risk of hæmorrhage. In the third stage it is not called for at all, except, perhaps, in some cases of retained placenta from hour-glass contraction.

In abnormal cases, where it is desirable to produce complete anæsthesia, the crude drug must be administered; and it is of the utmost importance for one person to devote his attention entirely to the anæsthetic. The mode of administration differs in no way from ordinary cases, except, perhaps, for the length of time it may be given.

In conclusion, allow me to indicate, by way of summary, what I believe to be the main precautions, whose observance would render the use of chloroform perfectly justifiable.

1. There are certain women who have a tendency to flood at every confinement, and others in whom there seems an already too great relaxation of fibre —weak anæmic females in their eighth or tenth confinement; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it

is not these women who suffer the most pain, but rather those strong healthy primiparæ whose pelves and genital build approximate to the masculine type.

2. We should not give it when labor is complicated with severe vomiting, or with acute disease of the heart or lung, unless there be imperative call for it.

3. It should not be given to the full extent, except for operation, convulsions, or spasm of the cervix; and then it is most necessary that one person should devote his entire attention to it.

4. The inhalation should be stopped directly we find the pulse becoming very weak, or the respiration irregular.

5. Anything which makes us suspect a fatty or enfeebled cardiac wall should make us cautious in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy), but the atrophied or degenerate wall that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain; but a fatty heart may be suspected by an exceedingly feeble cardiac impulse, combined with an almost inaudible first sound; or attacks of dyspnœa, vertigo and syncope in the absence of anæmia, or valvular lesion; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by increased area of præcordial dullness, combined epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position and does not shift with respiration; or when there is depression instead of protrusion of intercostal spaces over the position of the apex, giving a wavy character to the cardiac impulse.

6. The sixth and last precaution I would mention is this: In all cases we should take extra care to prevent the occurrence of hæmorrhage after birth; by giving a full dose of ergot in a little warm water when the head reaches the perinæum; by ceasing the chloroform immediately it is born; and by rousing the patient from her lethargy as soon as possible.

Specimens of calcareous particles passed per vaginam were shown by Dr. W. Goodell at a meeting of the Obstetrical Society of Philadelphia (N. Y. Med. Jour.). There had been menorrhagia, and multiple fibroids were found in the womb. One of the fibroids had evidently taken on calcareous degeneration, and had subsequently broken down and discharged these fragments into the uterine cavity. He stated that these particles were not true bone, but merely the product of a disorderly deposit of lime without osseous elements, not even cartilage corpuscles. This calcareous degeneration tended to cure the disease by breaking off the vascular filaments of attachments and lessening the nutrition of the fibroid. In one instance he had seen three fibroids wholly converted into stone. These stones were, however, very light and not like those of the bladder. The passage of these uterine calculi, per vaginam, had greatly puzzled the old anatomists.

THE ARMY.

Official List of Changes of Officers serving in the Medical Department of U. S. Army, from July 23, 1883, to August 8, 1883.

Sutherland, Charles, Colonel and Surgeon, Medical Director, Mil. Div. of the Pacific and Department of Cal.: the leave of absence granted by S. O. 64, Hdqrs., Mil. Div. Pacific, June 30, 1883, is extended two months. (S. O. 168, A. G. O., July 23, 1883.)

Magruder, David L., Lt. Colonel and Surgeon: the leave of absence extended one month. (S. O. 89, Mil. Div. of the Missouri, August 4, 1883.)

Baily, Joseph C., Major and Surgeon: assigned to duty as Post Surgeon at Fort Concho, Texas. (S. O. 87, Hdqrs., Department of Texas, July 19, 1883.)

Forwood, William H., Major and Surgeon: to proceed to Fort Washakie, Wyoming, and Fort Ellis, Montana, on public business and return. (S. O. 87, Mil. Div. of the Missouri, August 2, 1883.)

Turrill, H. S., Major and Surgeon: granted leave of absence for one month, to commence September 1, 1883. (S. O. 77, Department of the Platte, July 26, 1883.)

Woodward, Joseph J., Major and Surgeon: leave of absence granted on account of sickness by S. O 34, extended six months. (S. O. 179, A. G. O., August 4, 1883.)

Lauderdale, John V., Captain and Assistant Surgeon: granted leave of absence for two months, to take effect on or about the 15th instant. (Par. 2, S. O. 90, Department of the Missouri, August 6, 1883.)

Appel, A. H., 1st Lieutenant and Assistant Surgeon: granted leave of absence for two months, with permission to apply for an extension of one month. (S. O. 30, Hdqrs., Mil. Div. of the Atlantic, July 20, 1883.)

Owen, W. O., Jr., 1st Lieutenant and Assistant Surgeon: to proceed from Vancouver Barracks to Fort Walla Walla, W. T., and report to the commanding officer of the latter post for temporary duty. (S. O. 101, Department of the Columbia, July 27, 1883.)

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 8. CHICAGO AND ST. LOUIS, AUGUST 25, 1883. TERMS: $3.00 A YEAR.

IN REGARD TO THE TREATMENT OF HAY-FEVER, Mr. W. F. Phillips of St. Mary Bourne, Andover, writes in the British Medical Journal: "It is just over five weeks since a lady placed herself under my care for the treatment of hay-fever, or summer catarrh—a very much better name. She had suffered severely for many years, and sometimes from the end of May to near the end of July with little or no intermission unless she kept indoors. Her mother, it is worthy of remark, was very sensitive to the odor of certain flowers, and was affected by some of them even to the extent of fainting. She was not subject, however, to summer catarrh. Knowing how exceedingly unsatisfactory is the treatment recommended and practised for this disease, as is sufficiently evident from the recent communications to the Journal on the subject, I sought for rational indications that might guide me to the selection of a remedy. I thought of the neurosis that seems to underlie most cases of this kind, and to constitute the essential cause of predisposition on which the disease depends; of the characteristic symptoms of the malady; the injection of the conjunctiva, the hyperæmia and hyperæsthesia of the nasal cavities, the excessive secretion of tears and mucus; and then I bethought me of a drug whose physiological action might indicate the possession of the power to control such symptoms. Belladonna was the drug that suggested itself at once, and I determined to give it a trial, all the more hopefully because I remembered how strikingly useful on similar indications, and by a parity of reasoning, I had often found it in ordinary conjunctivitis and simple catarrh. I began with the following prescription: ℞. Succi belladonna, mxxiv; aquam ad, ℥iij. Misce. A teaspoonful to be taken every hour till relief is obtained. The medicine was taken without the production of any undesirable effect, and with very marked advantage indeed—an advantage that became still more evident and unmistakable, both to the patient and myself, when the dose was increased from one minim to one and a quarter (half a drachm in three ounces). Once, too, when the eyelids were especially tender, the patient was advised to use the mixture as a lotion to the affected parts, and this local application was found to be a most useful addition to the internal administration of the remedy. Repeatedly, when the symptoms of an attack had been allowed to begin, the patient found prompt relief after a few doses of the drug, the catarrhal affection disappearing first, and then the asthmatic; and on taking it regularly every day after the malady had been subdued, she has found to her delight that she can take her walks abroad through blooming grass and flowers without the least protection or precaution—a thing she has not been able to do for years before. The patient, remembering no doubt the failure of past treatment, pronounces the remedy 'a great success;' but, however satisfactory the case may be, it is, as far as I know, a solitary one, and therefore stands in need of confirmation and support."

DR. HORACE GRANT, of Louisville, reports in the July number of the American Journal of the Medical Sciences a remarkable anomaly of the human heart, interesting not alone from its striking singularity, but as well from its clinical importance. In a post-mortem examination of a mulatto girl, age sixteen years, the right ventricle was found to communicate directly with the aorta, no pulmonary artery was to be seen attached to the heart. The left auricle was normal, the left ventricle presented

only one-half the usual attachment of the aorta. In a word both ventricles opened with equal freedom into the aorta. At the pericardial attachment to the aorta two arteries were given off, each about one-fourth of an inch in diameter; they passed right and left backward from the front of the aorta and evidently supplied the blood to the lungs. This curious anomaly is discussed in connection with the clinical symptoms observed during life.

The Following Conclusions as to the use of iodine in acute malarial poisoning are given by Drs. Atkinson & Woods, in the July number of the American Journal of the Medical Sciences: 1. In intermittent fevers it has some feeble influence in controlling the paroxysms. 2. It takes usually from three to eight days to exercise this influence. 3. In cures effected there is great danger of a relapse; certainly as great as with Peruvian bark. 4. It is certain to add to any existing diarrhœa or nausea, and is liable to cause each, if they do not already exist. 5. In remittents, its effect, if any, is seen in a slow and gradual reduction of temperature, and this reduction is liable to sudden interruptions. 6. In both forms of malarial fever it is infinitely inferior to either cinchonidia or quinine; certainly as regards the immediate control of the fever, and as far as we were able to judge, as regards relapses also. 7. From an economic point of view, the slowness and uncertainty of its action make its use in hospital practice fully as expensive as Peruvian bark. 8. There seems to be ground to believe that it can cause albuminuria. 9. In the large majority of cases of ordinary acute malarial poisoning it has no influence whatever.

Before the Academy of Medicine in Ireland (Med. Press, June 13, 1883, Med. and Surg. Reporter), Dr. R. Henry read a paper on the importance of the third stage of labor. He commenced by pointing out the various risks, immediate and remote, to which the improper performance of the third stage of labor exposed a woman. These risks would be minimized by a suitable conduction of this most important period of labor. To arrive at any just conclusion on this subject it was necessary in the first place to study nature's methods in effecting the separation and delivery of the placenta and membranes—by the conjoint action of tonic and clonic contractions, moulding the placenta, as has been described by Dr. Matthews Duncan, or in the different way described by Schultze. In the author's experience, both these methods had been observed, a lateral attachment of the placenta being Duncan's, while a fundal, or nearly fundal one would give Schultze's. The former was the more common method. Dr. Henry quoted Denman, Smellie, Collins, and others, on the question of manual interference in the third stage. In 1786, Dr. Joseph Clarke had advised the practice of pursuing with a hand on the abdomen the fundus uteri in its contractions until the fœtus be entirely expelled, and afterwards continuing for some time this pressure to keep the uterus, if possible, in a contracted state. This practice had been largely adopted in Dublin. Dr. Henry adhered to it, believing that in modern practice undue haste to press off the placenta was constantly exhibited. He kept his hand over the uterus during delivery and subsequently, but forbore pressing or actively supporting the uterus until it had itself commenced to contract clonically. Assistance should only be given with the clonic contractions. A safe and permanent contraction following the expulsion of the secondaries might in this way be usually secured in from ten to twenty minutes. The chief error at present consisted in mistaking constant irritation for support of the uterus.

Attention was Called in a former number of the Review to the treatment of spina bifida by the injection of Morton's iodoglycerine fluid into the sac, causing the tumor to subside rapidly until it became level with the surrounding skin. Mr. Noble Smith gives, in the Lancet of Aug. 4th, 1883, an account of a case in which he adopted the same treatment, and also gives the results as found on

post-mortem examination two years and a half later. It seems that although the tumor disappeared almost entirely a part of the sac wall of the size of a shilling was apparently unaffected by the injection. A second operation was refused, but the treatment was so far perfectly successful that a good result was anticipated. Six months after the operation hydrocephalus developed and death followed in two years. The post-mortem showed externally thickened and puckered skin at the site of the tumor, which was resistant to the touch. In the center there was a patch of thinner skin, less than the size of a shilling, beneath which could be felt a small cavity. Upon dissection the remnant of the tumor was found to consist of very dense fibrous cicatricial tissue, in the form of fibres and bands passing in all directions and closely united together. The opening in the spinal canal was blocked up by this cicatricial material, but a very small probe could, with difficulty, be passed from the small cavity already referred to into the canal. A second operation would doubtless have obliterated this small cavity and its connection with the canal. The cicatricial tissue did not extend into the canal, but formed a very firm wall in place of the deficiency of bone.

It May not be Without Interest to our readers to learn that our associate, Dr. Engelmann, who has been spending his vacation in Europe, will return by October 1st, and contemplates a change in his practice. He will gradually withdraw from general practice and confine himself strictly to the practice of gynecology and consulting obstetrics. He will remove his office to the elegant new building which he has just erected on Garrison avenue between Locust street and Washington avenue, and which, besides the operating rooms, will contain some apartments for the accommodation of private patients, who will thus be under the doctor's constant supervision and watchful care during the entire time of treatment. This step is an innovation in this city, but we have no doubt will meet with perfect success under the doctor's able management. We will favor our readers with a letter from Dr. Engelmann in our next issue.

A Case of Ectopion Cordis was lately presented to the Paris Academy of Medicine by M. Tarnier (France Médicale). The woman was in the last month of pregnancy, is a primipara, and has a sternum which is bifid inferiorly, in such a manner that the heart seems to beat directly under the skin. The ventricular portion of the organ can be seized with the fingers, and its beats can be felt in the hand. The beating of the auricles cannot be felt but by forcing the finger in the upper part of the sternal fissure. It would seem that the diaphragm does not exist in that locality, and that the heart is situated immediately beneath the skin. After delivery it will doubtless be more easy to determine the exact position of the heart. The case is a very interesting one, and valuable besides from the fact that it will enable observers to determine several facts connected with systole and diastole. It is already an easy matter to see that the ventricle is flaccid during diastole and rigid during ventricular systole, and it is during systole that the apex strikes the thoracic walls.

Dr. Hamlin, of Auburn, New York, after criticising the method of discovering spermatozoa in cloth by Koblanch, and detailing various experiments by himself, concludes as follows: "I, therefore, recommend the following procedures: 1. If the stain to be examined is upon any thin cotton, linen, silk, or woolen fabric, cut out a piece about one-eighth inch square, lay it upon a slide previously moistened with a drop of water, and let it soak for half an hour or so, renewing the water from time to time as it evaporates. Then with a pair of needles unravel or fray out the threads at the corners, put on the glass cover, press it down firmly, and submit to the microscope. 2. If the fabric is of such a thickness or nature that it cannot be examined as above, fold it through the center of the stain, and with a sharp knife shave off the projecting edge thus made, catching upon a slide

moistened with water the particles removed. After soaking for a few minutes—say five to ten—the powdery mass will sink down through the water and rest upon the slide. The cover glass may now be put on and the preparation examined. The latter plan serves as well for hairs, but great caution must be observed in cutting them lest the portions bearing the suspected deposit fly away and are lost. Whichever plan be appropriate, it is best first to moisten the slide with a drop of water. In the former case, by laying the cloth upon the water we get rid most easily of the air-bubbles, and in the latter the water preserves the powdery portions cut off from being lost, and they are not rolled to one side, as when the drop of water is subsequently applied. Should it be desired to preserve any of these preparations for production and examination in court, I have found that to hold down the cover glass with a spring clip, and run around it a circle of liquid marine glue, serves at least a temporary purpose. A piece of stained muslin lay nearly two months without protection upon my work-table. I then mounted a portion of it in water, as above described. It now, at the end of five months,shows the spermatozoa as well as ever. For permanent mounting I should suppose the addition of carbolic acid, chloral hydrate, or some such preservative would be of service. I have not found it necessary to use any dye or any solvent except water. A power of three hundred diameters is amply sufficient for these examinations. Concerning the durability of spermatozoa, Ritter asserts he has discovered them after a period of four years. To show how, when dried, they will bear rough handling, I may add that I rolled and twisted between my fingers a stained piece of muslin till it was in the form of a string, unrolled and twisted it over again two or three times, using much force; and was yet able by my method to discover spermatozoa without much difficulty. I have sought to put this matter upon such a footing as to enable the medical witness to testify positively in court as to whether a certain stain is or is not seminal. I claim for my plan extreme simplicity, ease of execution, and the greatest degree of certainty, for piece after piece of the stained fabric can be put to the test with the assurance that nothing in the process destroys the spermatozoa, and that they may be found if present."

As a result of observations extending over a considerable period of time, Professor Schrötter communicated to the Vienna Medical Society (Allgem. Wien. Zeit., Med. Rec.), his views on the causation of musical murmurs heard over various parts of the heart's area. Following Hamernik, he regarded the fine, musical, high-pitched note sometimes observed over the left ventricle as due to the abnormal tension of one or more chordæ tendinæ, and demonstrated in illustration thereof the heart of a man of forty, in which a fine, tendinous thread traversed the cavity of the left vertricle. In some other cases, however, viz., those of musical murmurs heard over the aortic area, similar conditions have been observed, especially in perforated aortic valves, a thin, tendinous thread corresponding to the free edge of the valve being left free to vibrate in the current of blood. Such perforated valves are not uncommon, but it is only in the cases where the thread-like margin is able to be vibrated that the musical sound is produced.

A Case of Spontaneous Version is reported in the British Medical Journal, by Mr. Leonard W. Bickle: A woman aged thirty, a primipara, presented herself at the hospital thlnking that labor had begun, but the pains were found to be spurious, she being only eight months pregnant. On examining the abdomen, the fætal heart was heard on the left side, but two inches above and to the left of the umbilicus. A month later she presented herself, labor having commenced. Another examination, by auscultation, revealed the fætal heart below the umbilicus and midway between that point and the anterior-superior spine of the ilium. The child was born with the face toward the mother's left thigh, second cranial presentation showing that a spontaneous version had taken place.

THE SEEDS of Jequirity, also known as jumble beads, love peas, crab's eyes and prayer beads, are being studied somewhat extensively at present; their use, however, has been confined almost wholly to oculists. But if the claim made for the article can be justified, there seems no reason why it should not be of good service in the treatment of other mucous surfaces as well as those of the eye. The remedy was suggested to De Wechner, of Paris, by a former resident of Brazil, where the bean is in common use and he himself had derived such relief from it that he desired De Wechner to superintend its use on his eyes, which were again afflicted as before. The results were of such a nature as to encourage further employment of the bean. The resulting experiments have apparently succeeded so well that some preparation of the bean will probably become an established remedy for trachomatous affections of the lids which form such a large part of the work of charity institutions. Those of our readers who wish for a detailed account of the article we refer to an exhaustive article on the subject in New Remedies, June, 1883, and those who wish to read an account of cases treated with it will find thirteen detailed in the Boston Medical and Surgical Journal for June, by Dr. Miles Standish. It seems to be especially applicable in cases of obstinate trachoma of the lids. Some of these cases are so rebellious that it is a common practice in some of the hospitals to inoculate such eyes with gonorrhœal pus in order to set up an active purulent discharge and thus absorb the rebellious granulations. The jequirity preparation seems to accomplish the same thing in at least a less objectionable way. The mode of preparing this article for use is as follows: Ten grammes of the decorticated and powdered seeds are macerated in 500 grammes of cold water for twenty-four hours and then filtered. The decortication is affected by steepening the seeds for a few hours in boiling water, after which time they appear to be removed readily. We are not told in any article we have seen how long such an infusion will keep. The application is made to the conjunctiva with a brush three times a day. In passing, however, we would say that brushes are such dangerous things that they should be absolutely banished from the ophthalmic surgeon's armentarium. No reflection, however, is here made on the brush in the observations referred to as a new brush was used on each case. The results of the application are of such a nature that we learn from Dr. Eugene Smith, of Detroit, who has witnessed its application under De Wechner's directions, that it can only be successfully used in the hospital. It seems necessary to push the remedy so as to produce photophobia, purulent discharge, croupous membrane, chills and dizziness, in order to obtain the desired effect. The necessary number of applications seems to be about ten, after which no other treatment seems to be necessary. The improvement is manifested by the removal of the granulations, the clearing of the cornea and the improvement of sight. Dr. Standish makes the supposition that the effect produced was due to the infusoria contained in the in fusion, an idea not at all improbable.

DR. ANTONIO SARRA RELATES (Med. Record) that he was called one evening to attend a man, sixty-three years of age, suffering from a strangulated femoral hernia. The patient was nearly moribund, there was no appreciable radial pulse, the face was pinched, the extremities were cold, and the attempts to vomit were almost incessant. Happening to remember the report of a similar case relieved by coffee, Dr. Sarra ordered an infusion of this substance to be employed as a drink and also externally, and then took leave of the patient, warning the family that death was inevitable unless a prompt amelioration ensued. Upon returning early next morning he was surprised to find his patient in perfect health. The man stated that soon after taking the coffee he experienced a feeling of warmth and returning strength, then a large quantity of gas was expelled above and below, and when he put his hands upon the tumor it at once slipped back into the abdominal cavity, much to his astonishment as well as joy.

THE MED. PRESS, May 30, 1883, says that M. Koch, well known by his researches on the microbe of phthisis, has been hardy enough to attempt an operation which certainly will not have many imitators. (Med. and Surg. Reporter.) The operation, already practiced twice by the German savant, however, seemed to answer his expectations. The first case was that of a man of 24, with an enormous cavity in the right lower lobe, purulent expectoration, night-sweats, and rapid wasting. M. Koch thought himself justified in employing the cautery, and for that purpose a piece of the sixth rib was resected to allow the instrument to penetrate into the pulmonary tissue until it reached the cavity, the walls of which were freely cauterized, and the instrument withdrawn. The reaction following the operation was but slight, and the expectoration of purulent fetid matter diminished considerably. Four days afterwards the thermo-cautery was brought into requisition a second time for the same patient. A piece of the eighth rib was cut away, and the cautery introduced as before. The patient continued to bear the operation well, and at the end of ten days the cautery was used for the third time, and with apparent success, so that the Professor proposed attacking one by one the several cavities existing, but the patient succumbed the following day. The second case was that of a woman, who presented a cavity the size of the closed hand in the upper lobe on the right side. Four inches of the rib situated over the lesion were resected, which permitted the cavity to be cauterized. Expectoration ceased, and granulations of a good nature took the place of the eschar. The patient succumbed a week afterwards from septicæmia, which, according to M. Koch, existed already before the operation. M. Koch thinks that the destruction by the thermo-cautery of limited portions of the pulmonary tissue will be found beneficial in those forms of chronic gangrene of the lung accompanied with abundant expectoration of putrid matter, in acute pulmonary gangrene where the mortified tissue cannot be eliminated, as in gun-shot wounds, when foreign bodies fall into the small bronchi and not being able to find their way out again by any means, produce destruction of the neighboring tissue, and finally, in those forms of fœtid and putrid bronchitis where dilatation of the bronchi cannot be demonstrated, and in the rare form of localized pulmonary phthisis.

A FEW KYMOGRAPHIC measurements on man were recently made by Prof. Albert (Wiener Med. Jahrbücher), as this ingenious instrument gives more reliable and exact results than the sphygmograph. He made use of the anterior tibial artery in cases in which amputation of the leg was to be performed at the thigh or upper part of the leg. He found that when the body was raised the blood pressure increased, when the patient coughed, it increased still more. When the other lower extremity was made bloodless by Esmarch's bandage, it increased the blood pressure but slightly, and he refers to the experiments on dogs in which it has been found that the blood pressure was regulated principally by the blood vessels of the abdominal organs. He also states that morphia will depress the pressure of the blood, and alludes to its utility in hæmoptysis in connection with the horizontal position, as it will then also lessen the liability to cough.

BORACIC ACID is highly recommended by Dr. W.H. DeWitt in the treatment of cervical endometritis (Cinn. Lancet and Clinic). He cites a case in which, after going through the entire list of remedies used in such cases, he determined to test the value of boracic acid. Moistening a camel's hair pencil and covering it with the powder, it was carried as high up as possible; at the same time the convexity of the neck was also covered with the acid on account of excoriation. Four days later there was very decided improvement, and the acid was then applied by packing the cervix with it as firmly as admissible. The patient was directed to elevate the hips and remain in that position for two or three hours, in hopes that some of the acid would find its way to the parts above the cervix. In one week another examination was made, when it was found that all inflammation had disappeared.

Dr. Wernicke relates the case of a man, twenty-five years of age, who suffered from tonic spasms of the voluntary muscles (Centralbl, für Klin. Med., Med. Rec.). The affection differed from tetanus in that each convulsion was of shorter duration, the contractions were weaker, and the spasms did not involve the entire body, but only single groups of muscles at a time. The convulsions were painless and recurred at frequent intervals, but ceased during sleep. They involved the muscles of respiration, but left free the upper extremities and the territory supplied by the cranial nerves, with the exception of the right platysma myoides muscle. The patient had a club-foot from a spastic contraction of the left gastrocnemius muscle of fifteen years standing, otherwise all the functions of the body and mind were normal. No cause for this affection was determinable. The only remedy which had produced even a temporary amelioration was curare. The convulsions, slight in the beginning, had gradually increased in intensity and in the number of muscles involved. The author regarded the tonicity of the convulsions as indicating a spinal origin, since cerebral spasms are of a mixed tonic and clonic character, as in epilepsy. As to the question whether this slowly progressive disease was dependent upon a palpable lesion of the cord (sclerosis), or whether it was a disease in which the changes in the cord were unrecognizable by any means yet at our disposal, he declared for the latter, and designated it as a neurosis. Two brothers of the patient suffered from a similar complaint. The father had had syphilis.

Two Cases of Poisoning by illuminating gas are reported in the N. Y. Med. Jour. by Dr. Alonzo Clark. The patients were mother and daughter, and had been exposed to the influence of the gas for fifteen hours. When admitted to the hospital the mother's pulse was scarcely perceptible, she was unconscious and cyanotic, the extremities were cold, there was trismus with rigidity of the flexor muscles, the urine was passed involuntarily, the pupils were slightly contracted and a frothy mucus issued from her mouth. The temperature was 96.5° F., respiration 40. There was pulmonary œdema. The treatment, which extended over a period of four hours, consisted in the inhalation of oxygen, together with dry cups over the chest, and tincture of digitalis endermically. Whisky was also given subcutaneously and hot-water bottles applied to the extremities. Flagellation was occasionally employed to arouse the patient. With the daughter there was an odor of gas on the breath; she was comatose, the breathing being stertorous, the eyes closed, the conjunctivæ insensitive, the pupils contracted and insensible; the pulse was 156, and very feeble; the respirations 30 and shallow. There were clonic spasms involving the left side of the body, with bird-claw contraction of the fingers of both hands. The urine and fæces were passed involuntarily. She had vomited a good deal. The treatment was the same as in the mother's case, with the addition of a hypodermic injection of a sixtieth of a grain of sulphate of atropine. Both patients recovered.

In Four Cases of Erysipelas Dr. Bogusch employed hypodermic injections of resorcine in a five per cent. aqueous solution (Lyon Médical, Med. Rec.). The injections were made along the border of the erysipelatous part, at a distance of about three lines from each other, the point of the needle being directed toward the diseased spot. In each case from thirty to seventy injections were made, and no other treatment was resorted to. The temperature fell rapidly and the spread of the disease was arrested. Dr. Tusbin employed hypodermics of bichlorhydrate of quinine in five cases of erysipelas. One or two injections sufficed. The reddened parts were painted with camphorated and carbolized oil. He never observed any ill effects to follow the injections, though others have reported numerous abscesses aud indurations. This double salt of quinine, apart from its great solubility, is therapeutically in no way superior to the sulphate.

THE CONCLUSIONS PRESENTED by the Committee to the Eleventh German Physicians Association in regard to the alimentation of young children are (Med. News): 1. The natural food of children, mothers' milk, is to be preferred above all others. 2. Only in case of positive contra-indication, or non-appearance of the milk, should a wet-nurse be employed. 3. Only in cases of impossibility of obtaining a wet-nurse should artificial food be employed. 4. The contra-indication against the mother nursing is actual disease or a predisposition to disease. 5. Hereditary syphilis demands the milk of the mother; that of the wet-nurse should only be used with great caution. 6. Examination of a given specimen of milk furnishes no clue as to its value in a given case. 7. Good cow's milk alone is fit to take the place of woman's milk as food for the child. 8. The quality of good, sweet cow's milk for a child which must be artificially fed is one of the most important essentials in the hygiene of young children. 9. All children's foods, including Liebig's soup (food), on account of the large quantity of starch contained in them, are unfit for children during the first month.

THE REPORT OF A CASE of suture of the müsculo-spiral nerve six months after its complete division, is given in the Lancet of August 4th, 1883. The patient, a boy aged thirteen, received a stab in the left arm some little distance above the elbow; the wound healed in about a fortnight, and according to his own account and that of his mother, he was able to use his hand and arm as well as ever after the accident. Shortly afterwards, however, slight dropping of the wrist was noticed, and in time all power of extension was lost and the wrist permanently flexed. The forearm gradually became wasted and cold. and the loss of power more complete. On admission to the hospital a cicatrix about three-quarters of an inch in length was found about four inches above the elbow; it was not adherent to the bone or deeper parts. The humerus beneath seemed to be a little irregular and bossy, and pressure on the spot caused pain. The temperature over the forearm was diminished, and in the clefts of the fingers supplied by the radial nerve it was two degrees lower than in a corresponding position upon the right side. An Esmarch's bandage was applied and an incision made below the cicatrix in the line of the musculo-spiral nerve, which was readily exposed and found to be completely divided, the ends being separated about half an inch. The upper end was bulbous and enlarged, the lower end wasted and bound down to the subjacent bone; the latter was freed by dissection, and both ends of the nerve being refreshed, they were sewn together with fine catgut suture. For six hours after the operation there was complaint of severe pain, which, however, suddenly ceased. The wound was not completely healed for about a month. There seemed to be some power of extension returning at the end of a fortnight, and at the time of his discharge there was no difference in the temperature on the two sides of the body. At the end of three months the wrist was still dropped, but he could move his fingers slightly. The supinator longus, which was considerably atrophied, had not improved in the least, but had dwindled down to a mere cord which could be pinched up between the finger and thumb. Twelve months after the operation, on examination, it was found that the functions of the nerve were completely restored. Sensation was perfect, and all the movements of extension of the wrist and fingers were performed as well on one side as the other, and the muscles were almost as fully developed as on the sound side.

THE TOPICAL EMPLOYMENT of resorcine in the treatment of whooping cough is advocated by Dr. Moncorvo, of Rio Janeiro (Canada Lancet). He gives the following as his general conclusions: 1. That whooping-cough, whose nature, up to a very recent period, has been subjected to the most diverse interpretations, in relation to its genesis, may, to-day, according to the latest microscopic researches, be included in the class of parasitic diseases. 2. That the disease appears attributable to the

presence of micrococci, which multiply prodigiously in the hyperglottic vicinity of the larynx, infiltrating its epithelial cells, which appear to be the predilective seat of their development. 3. That resorcine, applied to the laryngeal mucous membrane, caused in all the cases in which it was employed rapid decrease of the number of the paroxysms, moderation of their intensity, and finally recovery in a short period of time without the aid of any other medication. He advises that strict attention be given to the quality of the drug, and that a topical application of a solution be made with a fine pencil brush, to be repeated every two hours. The first application, he says, sometimes exacerbates the coughing fits, but this irritation ceases in two or three days. In twenty cases treated by him he was not disappointed in a single instance, though some of the cases had been very obstinate or even dangerously complicated.

In the Lancet (Med. and Surg. Reporter), Dr. John W. Haywood describes two very grave cases of scarlatina maligna that resisted all ordinary treatment. The cuticle was consequently removed from round the throat by a cantharides blister, and to the exposed cutis a wet compress sprinkled with crotalus was applied, and renewed at first every half an hour, and then every three hours, also a dose dissolved in a teaspoonful of water was dropped on the tongue every half hour. The symptoms all began to improve at once, and the author thus concludes: "The above notes of these two interesting cases were written at the time, and have been preserved, and withheld from publication in order to test the drug in similar cases before publishing them. This has now been done over and over again, until the writer is thoroughly convinced that the above facts were no mere coincidences, and he now lays them before his colleagues in the hope that the drug will be used in similiar cases, for which hitherto there has been no adequate remedy."

Dr. Bœckel Relates the history of a case (Practitioner) in which he removed the carious portion of the bodies of two dorsal vertebræ by means of the sharp spoon, with gratifying results. From his experience in this case, and in operations on the cadaver, the writer concludes that it is not so difficult as is usually supposed to reach the anterior portion of the spinal column. The resection of an inch to an inch and a half of one rib affords room enough for the finger to reach the bodies of the diseased vertebræ. The danger of wounding any of the great vessels lying in front of the spinal column is not so great as it seems, as the pus has already formed a sinus which serves as a guide to the diseased bone. The bodies of the lumbar vertebræ may be reached by an incision made at the outer border of the sacro-lumbalis muscle, as for nephrotomy. The same operation is indicated in gun-shot wounds of the vertebral bodies. The difficulty in such cases lies less in the operation itself, than in the uncertainty of the diagnosis respecting the location and extent of the injury to the bone.

Galezowski treats gouty iritis in the following manner: He first instills atropine or duboisine, or even homatropine, and, ten or fifteen minutes later, a drop of eserine is instilled in the same eye. By the combined action of these drugs, there is produced a dilatation and contraction of the iris, which diminishes the mass of blood and lessens the tendency to glaucoma. If the pain is not prevented by the atropine, it is only necessary to have recourse to eserine. Strict diet and alkalies internally are to be added.

M. Verneuil Reports in the Gaz. Hebdom of July 27th, 1883, some observations which he had made as to the repair of fractures in diabetic subjects. Four cases were selected, one a compound fracture of the leg, another a fracture of the humerus, the third a fracture of both bones of the forearm, and the fourth a fracture of the lower end of the radius; but in only one was there a normal callus, in the other three union was slow, imperfect, or entirely absent. From these observations he draws the following conclusions: 1. The re-

tardation and absence of consolidation found in the three cases seem to be due to diabetic dyscrasia. 2. This retardation and absence of consolidation necessarily imply a diminution or suppression of the reparative forces, and particularly of nutrition. 3. From these facts, we may conclude that diabetes, when it embarasses or stops the formation of callus, does so, at least indirectly, by impairing nutrition.

M. Remy by experiments on rabbits has endeavored (Progress Médicale) to ascertain the part, if any, which the pancreas plays in the development of certain forms of diabetes. He found it impossible to establish a permanent glycosuria in the animals which were eligible for experiment, consequently he destroyed the pancreas by the ligature of the canal of Wirsung; no sugar ever appeared in the urine. In another series of experiments he extirpated sometimes the nervous branches of the solar plexus completely; sometimes simply the branches going to the liver, yet he never developed glycosuria. He concludes that there is no form of sugar development which can be referred to the pancreas.

The Following Case is given in the Centralblatt für die Med. Wiss., February 17th (Med. and Surg. Reporter). A woman, aged thirty-two, after violent bodily exertion, suddenly passed chylous urine; she had sometime previously suffered from a dull pain in the left hypogastrium. The urine looked like milk, had acid reaction, and contained albumen but no sugar; its specific gravity was 1018. Lumps of fibrin were sometimes evacuated, and the microscope detected in these oil-globules, white and red blood-corpuscles, and filaria in the sediment. Examination of the bladder, and catheterization of the left ureter, were effected after dilatation of the urethra. The withdrawal of the catheter was followed by a flow of milky urine into the bladder. A great number of filariæ were found in the blood, especially between nine and eleven o'clock at night; after two o'clock none were passed. The patient's health gradually failed more and more; chylous diarrhœa occurred, and death took place about six months after the accident. The post-mortem examination could only be imperfectly performed. On the left side of the pelvis there was found a large multilocular sac distended with chylous fluid. The enlarged urinary bladder, which appeared imbedded in a fold of this sac, communicated therewith by an aperture in its upper wall. The abdominal lymphatic glands and lacteal vessels were enlarged and dilated. This cystic tumor the author considered to have had its origin in the fusion of the lymphatic vessels, and dilatation through thrombosis, with the presence of filaria.

A Case of Tænia, as a cause of aphasia, is related by Dr. Armangué (Practitioner). The patient, a woman of sixty, was seized with vertigo, and a few days later lost the memory of words for some days. After the expulsion of a tape-worm there was no return of her nervous troubles. He quotes a case of aphasia in a child, cured by the expulsion of numerous trichocephali, published by Daniel Gibson; and a case of aphasia coinciding with tænia, published by Siedel. The editor adds a case, observed by Langer, in Germany, of reflex hemiplegia and hemianæsthesia with convulsive seizures, in a little girl of twelve, cured by expelling a tænia.

Dr. Edward Cross, of Little Rock, Ark., reports a case of occlusion of the vagina complicated by pregnancy. The vaginal pouch has a common receptacle for urine—yet she could retain her urine and empty the bladder at will. (Am. Jour. Obstetrics, Aug., 1883). The spermatozoa must have entered through the urethra, and must have reached the uterus through the urine.

In the Journal de Medecine de Paris are collected the results obtained by several observers in the prevention of abortion and premature labor by asafœtida. In ninety per cent. of the cases so treated the patients (who had aborted from two to five times in former pregnancies) went on to full term.

CONTRIBUTIONS.

*RHINOSCLEREMA.**

BY PROF. CORNIL.

Rhinosclerema is a tumor which occupies the lower part of the nasal septum and the upper lip. It may be propagated to the mouth, to the palate, and even cause a certain degree of stricture of the pharyux. This lesion presents itself in the form of a hard tumor, of a peculiar appearance which recalls lupus and certain syphilitic manifestations. It is distinguished by clinical differences, and its microscopic study permits a complete differentiation; it is a tumor presenting a well determined and distinct individuality.

This product has been studied by the school of Vienna more particularly, by Hebra, Kaposi, Neumann, Chiari, and also by Klebs and Eppinger. It has been made the subject of a monograph by Pellizari, of Florence, in which may be found a complete bibliography of the subject.†

In France, up to the present, no analogous cases have been observed, yet a case of M. Richet might be adduced. In another case, belonging to M. Duplay, the histological examination was made by M. Renden, but was not conclusive. Thus it is not demonstrated that the two preceding cases are rhinosclerema.

Lately, a young American was successively observed by several physicians in Paris. M. Fournier regarded his affection as a case of tubercular leprosy; E. Besnier, on the contrary, diagnosed rhinosclerema. Microscopic examination alone could decide, but the patient was opposed to the removal of a part of the tumor.

Later, he thought better of it, and M. Verneuil removed a fragment, which he gave me to make a microscopic examination of. It was a large hard lump, rose colored, not ulcerated, and situated on the nasal septum at the opening of the nares. The different methods of treatment employed had left it absolutely intact. The case was one of rhinosclerema, as demonstrated by a microscopic study.

Sections made at right angles to the cuticle showed the following:

Very little modification in the epidermic layers. The granular layer was somewhat thickened, with its cells loaded with eterdine, but it and the rete malpighii very nearly presented a normal appearance.

The papillæ are well developed and rich in blood-vessels. The sebaceous and sweat glands present no appreciable lesion. It is in the pathological changes of the derma that the characteristics of the tumor are to be found. The vessels present thickened walls, which are infiltrated with and surrounded by small rounded cells disseminated between the fibres of the connective tissue. At places, this stroma becomes very dense, and we have a true peri-vascular sclerosis.

Between the vessels, in the midst of embryonal looking cells, are found large spheroidal cells, relatively very voluminous, having a diameter of twenty M. They present one or more nuclei and are colored by different reagents; and these are exactly the characteristic properties of rhinosclerema. They offer quite an interesting fact, and deserve being studied with great care. The nuclei are of variable size, often rather small. They are imbedded in a reticular protoplasm, as plainly shown by impregnating with osmic acid.

There exist also in the midst of the protoplasm, refracting, hyaline, rounded or irregular masses especially voluminous in the large cells. At times only a single mass exists; again, two or three separated by parts of reticular protoplasm. It may be that the entire cell is completely filled by a hyaline mass. The nucleus is then thrown towards the periphery as observed in fat cells when completely filled by fat.

What is the nature of these refracting masses? We wish to observe, first of all, that they can leave the cells in which they originated, and thus their study is rendered more easy and clear.

They are colored by all the reagents: a light yellow by osmic acid; an orange yellow by picro-carmine; blue by methyl violet; intensely red by saffranine. Finally, as of importance to note, they are colored yellow by iodine and do not show the reaction of starch. This shows that it is simply a hyaline substance.

The property we have described is absolutely characteristic. It is in entire accord with that which authors attribute to rhinosclerema. Nothing similar is found in any other known tumor.

One interesting point to determine: the Vienna school, Frisch particularly, has found in this tumor the existence of micrococci in the cells and interstices between the fibres of the connective tissue.

These microbes were looked for; I did not see them plainly. The communication recently made at the Société Anatomique, by M. Babés, will be remembered. He has shown that, in certain cases, the pretended microbes were only granules of protoplasm of cells which have become free and colored by analine colors (mastzellen of Ehrlich). The same is the case with this; there are granules in the spaces of the connective tissue and in the cells themselves. A superficial examination might per-

*Progrès Medical, July 28, 1883.

†Il rinosclerama, monografio del dott.

Also Pellizari, dorente di dermo-sifilografia neil instituto di Etudi Superiori di Firenze. Contavolo litografiche. Firenze, de Monnir, 1883.

mit them to be taken for microbes; we have to deal, in reality, with granules which have escaped from cells, and entirely similar, as to their nature, to the refracting masses which have been referred to above. A comparative examination left no doubts in my mind in respect to this.

SELECTIONS.

SOME COMMON AFFECTIONS OF THE ANUS OFTEN NEGLECTED BY MEDICAL MEN AND PATIENTS.

BY A. S. MYRTLE, M. D., HARROGATE.
[British Medical Journal.]

Nothing has impressed me so forcibly with the importance of a close investigation, even to minute, sometimes disagreeable details, regarding the condition of every case coming before us, than the fact that I have, in a very great number of instances, been consulted by patients who have suffered for months and years from affections of the anus; and neither they, their medical men, nor consultants even, have been aware of the nature of the mischief or its extent. Patients are to blame for this oversight as much as their attendants. They are often very reticent; women especially dislike to speak of symptoms, however distressing, occurring daily, or at least after each defæcation; and even men in like condition seem ashamed to own that there is anything wrong with them. We, at all events some of us, are cursed with an excess of modesty, or, because the part is not the most savoury, are disposed to fight shy of it; or we attach too little importance to the patient's statements, and fail to make a physical examination.

Moreover, whilst every week's publications are rich in literature upon uterine displacements and ovarian growths, anal difficulties seldom find a place, although I believe that the latter are infinitely more frequent than, and of equal importance with, the former.

The commonest affection is itching; pruritus ani, I dare say, is so common, that every one of us has had some personal experience of the nuisance, but few know what a terrible thing it becomes when it obtains a firm hold of one; the agony then is something maddening. The causes are carelessness in cleansing the part, acrid discharge from mucous follicles, irritation from reflex action, the presence of certain eruptions, and functional derangement of the peripheral nerve-filaments, all requiring special treatment for the successful removal of this intolerable evil. When it has existed for long periods, the mucous membrane, from scratching and the action of remedies, becomes thick, hard, and corrugated; then nothing will afford a cure but the removal of the whole affected skin and mucous membrane by the knife.

I had a case of this kind, in a young lady, whose life had become a burden to her on account of the itching, where Mr. Jessop dissected away all the hardened hypertrophied part with the most complete success. To show the alarming symptoms which may arise from pruritus ani, I shall relate one case which came before my notice in March last. An Indian merchant was found in his office, in London, on his back in a death-like faint; he remained so for about half an hour. When he came to himself, he complained of giddiness, and loss of memory and brain-power; he could not understand the purport of certain business letters, and had to give up work for the day. These attacks became rather frequent; and, becoming alarmed, he consulted me. He was quite well, he said; everything was natural. On cross-examination, I found that there was something wrong with the anus, and I examined it; there was a ring of chronic eczema, and the itching was so fearful, that, when a fit of it came on, the dread and agony were so great that they induced the serious functional derangement of nerve-centres I have just described; this one local ailment was making life very bitter, and causing him to fear that he was suffering from serious disease of the brain. The eczema yielded to treatment, and in three weeks a cure was effected.

Fissure is of much more common occurrence than any one would believe; and it is found in the most unlikely subjects, delicate young ladies leading the most regular lives, and jolly middle-aged fellows not quite so regular in their habits; it is very frequently overlooked. In 1878, I had ten cases among visitor-patients, every one being ignorant of the nature of the local affection. Mr. Teale operated on the whole of these successfully. I shall only give one case. A young lady, the subject of general debility from anæmia, was sent to Harrogate for treatment. She was very tall, very spare and feeble, and complained of various neurotic pains, and of great mental depression, as well as physical. After seeing her two or three times, I was struck with the pinched suffering look she had; and at that visit I went more thoroughly into her case. I learned that she had a dread of going to the closet; that, after she passed a motion, she had to lie down flat upon her back from a sense of pain and faintness; this occurred with every motion, and had been in existence for over eighteen months. I diagnosed fissure. She was operated on; and the third morning, to her amazement and joy, she passed a tolerably formed motion without discomfort; after that she rapidly recovered, neuralgia, anæmia, low spirits, all vanished, and now she is in perfect health. I believe that, in cases like this, the constant fear of what must be endured has the most injurious influence on all the functions of the body.

In August, 1881, a lady aged 60 was sent to me on

account of irritability of the mucous membrane of the bowels. She suffered from diarrhœa, alternating with constipation, flatulence, and dyspepsia. She had been under her own medical man for nearly two years, and during the last six months she had been seen by a celebrated physician once a fortnight. Something about the old lady made me ask her about the condition of her lower bowel, and this led to an examination. I found two small piles, an ulcer, and fissure. I at once sent for Mr. Wheelhouse, who came the same day, operated, and at the end of a week my patient left me quite well and hearty. I heard of her last season; she had never required a dose of medicine since the operation. Wherever there is a fissure there is spasmodic stricture, so that stretching is necessary as well as division.

With hæmorrhoids I need not take up your time, although they deserve much more attention than they receive. Patients who suffer from them, who are constantly losing blood, are too often put off with the remark, "Never mind, bleeding piles are safe. Do not interfere with them, and do not be operated on; take a spoonful of electuary at bedtime." And so the patient goes on thinking that, were this safety-valve closed, the roof of his head would be blown off, or he would have a fit. Now I do not hesitate to say this is bad advice. I have met with cases where the most grave symptoms have developed under these circumstances. Last year I had a young Austrian whose life was nearly lost in this way. He had consulted several German surgeons and physicians, without one going into his case. He was a keen sportsman, and fond of going out with his gun after big game. Sometimes he would lose so much blood as to be so weakened he could not reach his camping ground for a considerable time. A friend and patient of mine met him on one of his hunting tours, and, learning something about his symptoms, never allowed him to rest till he brought him here. On examining him, I found him suffering from an enormous cluster of piles, ulcerated and offensive; the least touch caused hœmorrhage; I allowed him two days' rest. After that Mr. Teale removed the mass. The operation was a very tedious one, but in a fortnight the patient was quite well.

The last affection I shall mention is not quite so painful, is purely neurotic in its nature, and very fitful in its attacks, coming on at long intervals, and when the subject of it is apparently in the best form; he will go to bed perfectly well, and awake at any hour with a gnawing, grinding pain in the sphincter. This gradually increases in intensity, acquires its maximum in a few minutes (which seem very long), and then gradually goes off without treatment; the patient feels very faint and exhausted, and is held down by the commanding nature of this pain. This is a form of neuralgia, produced by exposure to cold, either from the bedclothes getting off the part, or being too scanty or insufficient to protect it. During the day it may arise from sitting on a cold seat. However or whenever caused, it is at once relieved by the application of warmth. I have never seen any signs of local mischief in these cases, and I know one gentleman who has suffered from repeated and severe attacks during the last forty years. It was he who directed my attention to heat as the best remedy. One severe frosty morning, he was seized with the worst attack he ever had, just on entering a first-class railway carriage; there was no other passenger, and, in despair, he sat down on the hot tin. In an instant, the pain was gone; and since then, when attacked, he flies to the fire and toasts himself, or applies an India-rubber bag full of hot water, with the best results.

In conclusion, let me point to the fact that, in all these and similar cases, medical treatment is worthless; and that the surgeon alone can effect a speedy and radical cure. I would, therefore, impress on our teachers of surgery the necessity of showing their class-pupils how to deal with common affections of the anus. The young practitioner too frequently begins his professional career with a competent knowledge of operations he may never be required to perform, and in total ignorance how to proceed in dealing with the simplest and commonest affections requiring operative skill.

ON THE FEEDING OF INFANTS DEPRIVED OF BREAST-MILK.

BY GEORGE CRICHTON, M. B., EDIN.

[British Medical Journal.]

The question of the feeding of infants is not settled by the simple formula of "milk and water" in certain proportions, or "milk and lime-water." It is a rule, not absolute, but of expediency. Cows' milk is not the best obtainable substitute for the sustenance generally provided by Nature. Asses' milk is acknowledged to be superior. Nevertheless, being universally obtainable, cows' milk will always form the important factor in any general rule on this subject of infant-feeding. But suppose the supply of this should fail? Suppose, as everyone, at least in towns, finds cows' milk, if obtained fresh, be not of such good quality as may be desired, nor to be had in such quantity, then, I think, it must be permissible to advise the use of condensed or "Swiss" milk. It has, indeed, some advantages, *e. g.*, it turns sour less readily, and the supply is not so apt to run short. It is difficult to see why the addition of sugar only to the normal constitutents in milk should make this, as has been

said, less suitable than ordinary fresh milk; for cane-sugar is always added to the usual mixture of milk and water. Children of all ages can take in considerable quantities of sugar. I am of opinion that the amount of sugar in condensed milk makes no difference to a healthy child, but that, in those of inherited weakly constitution, whose digestive powers are feeble, or where even the slightest intestinal catarrh from whatever cause has arisen, it undoubtedly acts injuriously, and must be at once and entirely withdrawn. It is not probable—at all events, it is possible—that, however carefully conducted, the process of manufacture has induced some slight change in the solid constituents, inappreciable except through the subtle alchemy of digestion? Suppose, for instance, some transposition of elements should make the casein less digestible. The various sugars have the same chemical formula, but properties varying considerably.

To return, however, to ordinary cows' milk; let us at once ask the question: Why do we add one-third or two-thirds of water? I mean, other than empirically. Because it would be too strong without, says the nurse, thinking of her brown tea-pot, as if milk were like tea, and had to be watered down to suit tender stomachs. But ought we not to give the little one the least possible trouble? and the more weakly the infant, ought not the diet to be as nourishing as we can make it? For instance, I have never found other than good from the addition of an extra teaspoonful of cream to every meal. Cream is supposed to be "rich," and is certainly indigestible in the cases of some "bilious" adults. But there are few children to whom cream is not beneficial. We do not, by the addition of so much water, come nearer to the proportions found in human milk. The quantity is too great. In fact, soon after delivery, human milk contains less water than ordinary cows' milk, in the proportion of 828 to 870. The amount of sugar, on the other hand, is greater, in the proportion of 70 to 47.7. Hence we easily see why sugar should be added. Again, the proportion of fat is 50 to about 31; therefore, cream should likewise be added. The casein, however, is in excess in cows' milk.

There can be no question as to the propriety of adding sugar and cream to cows' milk, to bring it nearer to a child's natural diet. As the composition of cows' milk varies in no particular more than in the proportion of butter it contains, doubtless, in some instances, the addition of cream may be scarcely necessary. As to casein, if we cannot easily abstract a portion of it, by the addition of water, we may make it fall into a proper proportion, and accommodate itself to a suitable percentage. In such manner, we indeed get a tolerable substitute for mother's milk; one that is found to answer fairly well. It may be that the somewhat excessive amount of sugar usually added makes up for the neglect in adding cream, both being heat producers in the animal economy.

We have now approximated to the ideal milk. But, on account of the behavior of the casein of cows' milk, practical experience obliges us to further water the milk. Our fine percentages are thus rather ruthlessly shaken.

Some months ago, I was summoned late in the evening to an infant five months old. It was in a condition almost of collapse, pale, with sunken eyes, and greatly depressed fontanelle. It had been fed since three months old with Swiss milk; the last week, with cows' milk diluted. It was sinking from diarrhœa. An injection *per rectum* of a few drops of laudanum checked the diarrhœa to some extent. Wine whey in teaspoonfuls frequently administered (it was unable through weakness to suck) revived it. This diet was continued for twenty-four hours, and the injection was repeated. Subsequently it was fed on equal parts of whey and bread jelly (white decoction of Sydenham), with a teaspoonful of cream in each meal. It recovered on this diet, and nearly regained infantile plumpness, suffering, however, occasional relapses of diarrhœa. Medicines did only some good, apparently answering fairly for three or four days, and then failing to have any effect. I found, as Dr. Eustace Smith points out, that changes of the drugs employed, or of the form in which administered, were effective. Opium, in various forms, and bismuth seemed most beneficial. Ultimately the diet was varied, *e. g.*, veal broth, yolk of egg, etc.

The point to which I would draw attention, was the child's inability to digest milk. This was tried in the smallest proportions, alkalinised with bicarbonate of soda, with lime-water, and with barley-water. Condensed milk, which was said to have agreed with it before, was likewise tried. The common result was either a renewal of the intestinal catarrh, or else sickness. Yet everything else it took agreed. I mentioned above that it took whey and cream well, *i. e.*, de-caseinised milk.

Here, then, we have a case, not perhaps very rare, of inability to digest casein, at least, the casein found in cows' milk. Amounting almost to an idiosyncrasy, it nevertheless points very decidedly to one definite cause of infantile indigestion and consequent diarrhœa.

The comparative indigestibility of the casein of cows' milk depends upon its coagulation in one mass instead of in flakes, and the consequent difficulty—a chemical and mechanical one—of its resolution. This occasionally happens with mothers' milk and is apparently modified by the addition of water, lime-water, or bicarbonate of soda only (Vogel), to cows' milk.

It is apparent, from the foregoing observations,

that the unsuitability of cows' milk unmixed depends upon the casein (1) as to its excessive amount; and (2) as to its rapid coagulability—so that extra stress is laid upon the delicate infantile digestive powers. It is, therefore, mainly to rectifying these two points that we may hope to obtain success. By means of a process suggested by Prof. Frankland, more than twenty years ago, both these indications seem to be carried out. Many independent observers attest this, and to theirs I would add my humble opinion, drawn from closely observed cases. That the method is not in more universal use is, perhaps, to a small extent due to the want of sufficiently specific details as to its preparation. Having in this paper propounded queries, I may be permitted, in conclusion, to give (what I consider) the answers, by stating in detail how I am accustomed to have Frankland's process carried out.

In the morning, put half a pint of new milk into a convenient vessel, *e. g.*, a thin china breakfast-cup, and place it in a cool place. In the evening, skim it, preserving the cream; and into the skimmed milk put a piece of rennet an inch square, and stand the cup in a saucepan of hot water in a warm place. In from five to fifteen minutes, the milk curdles. Break up the curd with a spoon, remove the rennet (which will serve again), and pour off the whey. Boil the whey for a second, when a further curdling takes place; then strain the whey. To the quantity mentioned, add one-quarter of an ounce of sugar of milk, the cream removed at the first, and one pint of new milk. The process is complete. It is generally sufficient to make it once a day, though probably in larger quantity than we have taken for illustration. The process requires care; but, after a few trials, it is really very simple and easy. Of course, everything must be kept perfectly clean.

Some remarks are necessary on the procuring of rennet. This is not to be obtained through the ordinary channels. So-called "essence of rennet" will not do. Application must be made to the family butcher for a fresh rennet. Should he have lived in the country, he will be able to prepare it for you. "A rennet," I may observe, is the term given by butchers to a calf's stomach. If not obtained readily prepared, the stomach is to be cleansed, with as slight washing as is absolutely necessary, and buried in salt. It is now ready for use, and keeps for an indefinite time. "Rennets" are easily to be procured in the cheese-making counties. I had at first some trouble in finding where to go to for a supply; one grocer, to whom I applied, advising me to try the corn merchants, understanding that rennet was some kind of seed. This must be my apology for entering into a somewhat trivial matter.

A little cream may be added, if the milk be poor. To sum up: we have in the result a milk containing sugar, fat, casein, and salts, in due proportions; and, more than this, although the explanation is not quite evident, a food perfectly digestible, which is, of course, the point to be regarded above all merely chemical considerations.

LUMBAR COLECTOMY.

BY CLELAND LAMMIMAN, F.R.C.S., ENG.

[The Lancet.]

The operation called lumbar colectomy seems likely, in the advance of abdominal surgery, to become a generally adopted one, and as since its introduction it has only been performed on one or two occasions, the following notes of a case upon which I have recently operated may prove of some value to any who are purposing to pursue this method of relief in cases where the position of the stricture can be settled as lying in either the upper part of the sigmoid or in any part of the splenic flexure of the colon.

I first saw Mrs.———, with Dr. Ivers of Tonbridge, on February 2nd (Friday), when the following history was given:—On the previous Sunday she failed to effect her usual morning evacuation, and towards the evening had some amount of distress, when vomiting came on. Dr. Ivers had given several doses of purgative medicine without effect, and had succeeded in passing O'Beirne's tube into the bowel (its whole length apparently). She had taken only fluid food in small quantities with opium. There was no history of cancer.

Physical Examination.—A well-nourished woman of fifty-four years, dark, somewhat sallow, and inclined to obesity. Abdomen not tender, but filled with flatus, which could be perceived rolling the intestine over and over with loud noises. No tumor could be detected; no hernia. No evidence of anything wrong in rectum. She informed us that upon several occasions, which had increased in frequency lately, she had had great pain in her abdomen, with constipation and vomiting, once or twice with jaundice.

Concluding that we were dealing with an occlusion of the intestine, we resolved once more to give a competent purgative, hoping that the case might yet turn out to be fæcal impaction. This produced in an hour or two some very suspicious-looking vomit. In the meantime, we introduced O'Beirne's tube into the rectum, and apparently into the sigmoid flexure, as the whole tube, save an inch or two, was passed in; but when we injected gruel, we found that no more than half a pint was retained, the rest flowing out as it was injected. Now, as at the operation the stricture was found in the upper part of the sigmoid flexure, it is plain that the tube must have turned upon itself. There

was during this period and up to the time of operation no fever. After the stercoraceous vomit had appeared, we used no food, save ice in small quantities, by the mouth, using by the rectum the juice of raw meat expressed by the tincture press, and Carnick's peptonoids, with which latter we were very pleased. Small quantities of morphia were used hypodermically twice in twenty-four hours.

We advised colotomy at once, and should have selected the right loin because of the distance to which the tube was introduced, but the patient would not consent, resolving to have Mr. Bryant down to see her. On Sunday, February 4th, that gentleman came down, and he concluded that an operation should be performed without delay; but impressed with the fact that we should, notwithstanding the passing of the tube, find the stricture in the descending colon, he directed me to open the left loin, and, if not then successful in finding the stricture, to draw down the bowel through the wound and search for it; if not finding it there, to reject the left, fasten up the wound, and proceed to open the bowel on the right side. And he added, "When you come down upon the stricture, after fastening the upper aperture of the bowel in the usual way to the skin, proceed to remove the stricture itself. I have once done this, and am satisfied that it will soon be the usually adopted operation for this trouble. I would call it colectomy."

The patient obstinately refused the operation until February 14th, when, without food by the stomach for seventeen days, she was manifestly going downhill; there had been no rise in temperature. On this day, having at last prevailed upon her to allow something to be done to give her a chance of life, which seemed now almost hopeless, with the assistance of Dr. Ivers, Dr. Hawthorne, of Tonbridge, and Mr. W. Rix, of Tonbridge Wells, I proceeded to operate. Dr. Hawthorne administered a mixture of one part absolute alcohol, two parts chloroform, and three of ether, on a list cone; it answered admirably, and after one hour, during which the operation was proceeding, it still acted well and did not depress. Making the usual incision, six inches long, half-way between the last rib and crest of the ilium, I dissected as quickly as possible down to the facia transversalis, but having to deal with very free hæmorrhage my progress was somewhat slow, as I had to tie many vessels as I went on. They, having cleared the facia through the whole length of the wound from muscle and fat, I divided the facia transversalis upon the director and my forefinger. Now, having scraped away a large quantity of sub-colic fat, I came upon the intestine, not a distended but a collapsed one, and speedily found the stricture itself just at the bottom of my incision. now some inches deep. My colleagues assisted me in raising the gut to the surface, but it was not an easy matter, for it did not leave its bed as I had hoped it would; it required much patience and gentle force to accomplish this. At last, having freed enough of it, I opened the intestine above the stricture, fastened it to the skin, and having placed a very stout ligature of carbolized catgut round the gut below the stricture, I cut the latter completely away. Having to our satisfaction concluded that all hæmorrhage had ceased, I cut off the ends of the ligature short, and returned it into the abdominal cavity with the lower end of the intestine, fastened up as much as seemed necessary of the wound, and placed the patient in bed, with warmth to the head and feet and a small hypodermic in the arm.

Upon examination the stricture proved to be scirrhus, and the aperture so small that it would hardly admit a probe. In the course of an hour or two a large amount of fæcal matter passed through the wound, but the patient was so weak from her starvation that for hours we could not rally her from the prostation following the operation, which but for this I am convinced would have been successful. She sank about forty-eight hours afterwards. No post-mortem examination was made

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AN OPERATION FOR THE RADICAL CURE OF FEMORAL HERNIA.

BY WALTER H. BROWN, M.R.C.S.

[The Lancet.]

A female, aged sixty, had for years been troubled with a large femoral herina. Many varieties of truss had been tried, but all failed to afford relief, and the hernia had been strangulated two or three times for short periods. For reasons which I will give below I deemed it desirable to make an attempt to effect a radical cure, to which end I performed the following operation:

I made an incision as for strangulated bowel, and opened the sac. I reduced the bowel, and then found that the crural ring was large enough to admit three fingers; lying at the posterior part of the sac was a large portion of omentum, which was adherent to the sac, and, as in separating these adhesions the omentum was freely handled, I removed the portion which had been in the sac, and tied the stump with a stout silk ligature, leaving the end of the ligature long. I then dissected out the sac, and, after ligaturing the neck, removed the entire sac. I had next a large piece of omentum removed by a ligature within the abdominal cavity just opposite the crural ring, the ligature being brought out through a small opening I had made in the peritoneum close to the ligatured neck of the sac. It now occurred to me that I might use this omentum as a plug to close the crural ring. I

therefore drew the omentum down until it was in contact with the neck of the sac, and found that it remained in its new position without much tension. I thus had the ligatured neck of the sac and the ligatured stump of the omentum to resist the return of the hernia. The wound was closed in the ordinary way, the two silk ligatures being brought out at the lower end.

It is unnecessary to give further details of the progress of the case as the woman made a good recovery. There was no disturbance of temperature, the wound healed by first intention save at the point through which the ligature came; the ligatures on the neck of the sac came away on the tenth day, but the one on the omentum remaining firm at the end of the sixteenth day, it was cut short, and the wound healed in two days.

The operation was performed in accordance with Professor Lister's system of antiseptics, and the wound dressed with salycylic silk as introduced by Mr. McGill of Leeds. It is now five months since the operation, and the result so far has been perfectly satisfactory. There is no hernia, the woman is enabled to perform her household and other duties in comfort; she wears a pad similar to that of an ordinary truss over the scar in order to support the necessary weak ring. I am fully aware that an operation such as I have described is open to criticism, and I therefore wish before closing to draw attention to my reasons for operating. First, the patient being weary and discomfited by her ailment was willing to accept the risks of operation and possible failure after they had been fully explained. Secondly, a fair trial had been given to mechanical support, and the results had been entirely unsuccessful. Thirdly, I deemed it right to attempt a cure by operation, bearing in mind the fact that of late we have been in the habit of dealing more freely with cases which involve interference with the peritoneum. The brilliant results obtained by Mr. Banks of Liverpool, and Mr. Spanton of Hanley, in dealing wiih inguinal herniæ, led me to undertake the operation just described, and Mr. Spencer of York has performed a similar operation with like success.

Of course the number of cases in which one would operate would be limited to those in which mechanical support had failed to give relief.

CORRESPONDENCE.

OFFICE OF THE SECRETARY OF THE SANITARY COUNCIL OF THE MISSISSIPPI VALLEY.

SPRINGFIELD, ILL., Aug. 13, 1883.

EDITORS WEEKLY MEDICAL REVIEW:

I beg to call your attention to the following, without any comment other than the remark that nowhere in my report is there any claim that the Sanitary Council has done anything more than supervise the inspections formerly maintained by the National Board of Health.

Extract from report of proceedings of Louisiana State Board of Health, at its regular meeting in New Orleans, Aug. 9, 1883:

"Mr. Booth, after eulogizing the press in general, said it sometimes assisted, whether knowingly or not, to circulate false and injurious statements. One of them was a report made by Dr. John H. Rauch, agent of the Sanitary Council of the Mississippi Valley, and published in a recent issue of the *Memphis Avalanche.*

Mr. Booth characterized the statements and tenor of the publication to be false and libelous upon this board, and he thought the board should reply to it by some official act. However false such a publication it will mislead honest people, and for that reason it should receive notice.

Mr. Booth then offered the following:

Whereas, it appears that Dr. J. H. Rauch, of Springfield, Ill., signing himself as Sec. S. C. M.V., has made a report to President Hadden, of Memphis, wherein it is stated that the late National Board of Health and the present Sanitary Council of the Mississippi Valley have so successfully conducted the Louisiana-Mississippi quarantine during 1883, that it is no longer necessary for a Sanitary Council inspector to remain at said quarantine, and that consequently said inspector had been withdrawn, with much other alleged information touching the conduct, statistics, management and general work done and action had at said quarantine, intended doubtless to misrepresent the situation in so far as to lead to the belief that this board was not, and the Sanitary Council was, attending to the health affairs of the State and valley as they stand affected by their relation to the Mississippi river and its commerce with tropical countries. Therefore, as such belief would be based upon erroneous grounds to the detriment, as far as entertained, of the standing of the board before the people,

Be it resolved, That this board protests against the statements of said Secretary Rauch as a tissue of curiously interwoven statistics, in themselves true, but perverted by a malignant intelligence to the uses of falsification and perversion, incredible in persistence and monumental in audacity.

Resolved, That a copy of this paper be sent to the President of the Sanitary Council of the Mississippi Valley, that he may lay it before his association at their next meeting, with a view to the removal of said Dr. Rauch from an office which he puts to so poor or bad a use.

The resolution was adopted.

The board then adjourned."

Full text of the report characterized by Dr. Joseph Jones, President of the Board, and Mr. Booth, a member, as "false and libelous" in "statement and tenor:"

"Dr. Rauch, the executive officer of the Sanitary Council of the Mississippi Valley, has completed his report of the operations during the month of July, of the inspection service, formerly maintained by the National Board of Health, but now supervised by the council. From this it is learned that at the Mississippi river quarantine station below New Orleans, there have arrived during the quarantine season seventy-three vessels from foreign ports. Of these forty-seven were inspected up to June 30 under the supervision of the National Board of Health, and during July the remaining twenty-six were inspected under the supervision of the Sanitary Council.

Of these eleven were from ports infected by yellow fever at the date of departure, and three of them, namely the Berna, July 3, the Merchant, July 16, and the Buteshire, July 17, arrived with cases of yellow fever on board. Among the remaining vessels one was found to have had yellow fever on board in Havana last season, and in seven other cases it was probable that they had been infected at some previous time.

The sanitary condition of the vessel, crew, cargo and passengers in twelve cases was good, and in the remaining vessels—with the exception of the Berna, Merchant and Buteshire, which were infected, the report of the inspector was qualified. In all cases the vessels were subjected to a thorough general cleansing, purification of bilge, hold, etc., and disinfected with carbolic acid and copperas, and the cargoes were fumigated with sulphurous acid gas.

Coffee ships from Rio de Janeiro were either not allowed to proceed up to New Orleans at all, or only after removal of cargo and thorough fumigation of the same.

The arrival of the Merchant on the 16th of July, and of the Buteshire on the following day, both from Vera Cruz, with yellow fever cases, finally led the Governor of Louisiana, on the 20th of July, to recommend to the Louisiana State Board of Health that no infected vessel be permitted to enter the Mississippi river, and that all infected vessels then at the quarantine station be removed out of the river at once, assigning the reason that their presence at that point had practically rendered the station an infected port in dangerous proximity to New Orleans, and threatened a stupendous calamity to the Mississippi. At its meeting on July 23d, the board discussed this communication, and on the 24th, Governor McEnery issued a proclamation enforcing his recommendations, and declaring non-intercourse between Louisiana and Vera Cruz, Rio de Janeiro, Havana and other infected ports.

The infected vessels have been removed to Ship Island, and for the first time in a number of years the lower Mississippi is freed from the menace arising from the admission of yellow fever ships to the river.

Immediately upon receipt of information of this action, the request, previously preferred to Governor McEnery, to permit the Sanitary Council Inspector to remain at the quarantine station, was withdrawn by telegram, and the inspector was relieved from duty as soon as the infected vessels and yellow fever patients were removed.

It is remarked in this connection that while the National Board of Health and the Sanitary Council have been advocating for the past four years the exclusion of infected vessels from the Mississippi during the dangerous season, and the use of Ship Island as a refuge station for such vessels, the necessity for absolute non-intercourse has not been recognized. The plan proposed by these two bodies contemplated the maintenance of an inspection station at or near Port Eads. All vessels entering the river would here be subjected to a rigid examination. Those found to be infected would be compelled to go to the Ship Island refuge station; healthy vessels from infected ports would be subjected to such treatment as would render it safe to allow them access to New Orleans; while all others, if found in a good sanitary condition, would be passed without detention. In this way it was believed the public health could be properly protected without inflicting such serious injury to the commercial interests of New Orleans as a non-intercourse quarantine necessarily entails.

The executive committee of the council, however, does not feel warranted in criticising any action which promises to secure the safety of the valley from an invasion of yellow fever.

During the month forty-five steamboats and other river crafts, with an aggregate capacity of 44,219 tons and carrying 2,532 officers, crews and passengers, were inspected at New Orleans, and furnished with the certificates of the Sanitary Council. On the Illinois Central and Louisville and Nashville railroads, at the same point, 144 freight trains bound northward, and their crews, comprising 1,194 persons, were also inspected.

At the inspection stations at Fort Adams, Miss., and President's Island, Tenn., all north-bound vessels are now inspected, as well as those plying in the local trade and those clearing from New Orleans. The total inspections for the month at these stations, comprise 123 steamboats, tows, barges, etc., carrying 5,352 persons. The sanitary condition of these vessels is reported as satisfactory, and an entire freedom from illness of a suspicious nature is noted.

An aggregate of 338 ocean vessels, river crafts and freight trains, together with 9,342 officers, crews and passengers, has been inspected under the supervision of the council during the month."

I send you this as a fair illustration of the methods and animus of the Louisiana State Board of Health. Very truly yours,

JOHN H. RAUCH.

Chicago, August 20, 1883.

EDITOR WEEKLY MEDICAL REVIEW:

The question as to whether quinine possesses oxytocic properties or not has been elaborately discussed during the past few years, but a communication to the REVIEW of August 4, by E. von Quast, suggests, I think, the correct solution of the problem.

For sixteen years I practiced in a region of country where malaria impressed its modifying influence upon almost all classes of human ailments; and where intermittent, typho-malarial and typhoid fever, the latter decidedly tinged by the prevailing zymotic influence, constituted a very large portion of the acute diseases coming under the physician's notice. During that period scarcely a day passed when I did not administer quinine to females, and the number of pregnant ones to whom it was given was very large, yet I do not recall a case in which abortion or premature labor could fairly be attributed to the remedy. Possibly I should make a single exception, that of a case in which abortion occurred during a sharp attack of remittent, though I then believed, and still believe, the accident to have been the result of the conjoined influence of high temperature and a cathartic which acted with unusual violence.

And this brings me to what I consider the important oint in this question. I have seen abortion happen many times during the administration of quinine, but it has not been in ague, although the remedy has been given in both moderate and in large doses, but it has been in remittent and typho-malarial fever, where no greater quantity of the drug had been given, but where a high temperature was maintained for a considerable time—the cause of the abortion being found, I think, in this condition.

In ague the high temperature continues but a short time, and though quinine is given freely, abortion is rare; whereas in the other cases, though it be sparingly used, the accident is not so very uncommon.

There is a class of cases, however, in which I think it well to use quinine with some precautions. I refer to those cases in which the uterus seems specially irritable, ready to be provoked into action on very slight notice. These are the cases of delicate, nervous and excitable women, whose uteri are sensitive and ovaries prone to congestion. In such cases I have been in the habit of guarding the pregnant uterus from any possible stimulus which the quinine might offer, by the use of bromides, gelseminum or opium.

The drug is a nerve stimulant, and if the uterus requires but the slightest urging to expel its contents, such a result may follow its exhibition. Nevertheless, I believe that even in such cases this accident is very rare, and can be avoided, while to a healthy pregnant woman quinine may be given to any reasonable extent without danger of disastrous consequences. It does no doubt strengthen feeble labor pains, but it does so as any other stimulant does, with the difference that quinine is less speedy and more lasting in its action.

That it has any specific effect upon the uterus, or that it is an oxytocic, in the sense in which the word is accepted, I have never seen the slightest evidence. Very respectfully,

240 Wabash Avenue. HENRY PLUMB, M.D.

BOOK REVIEWS.

INSANITY; ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT. A Manual for Students and Practitioners of Medicine. By E. C. Spitzka, M.D. New York: Bermingham & Co., 1883.

In the limited time at our disposal for this purpose we have had time only to read a few selected chapters of the work and to glance at its scope and contents. The medical side of the subject of insanity is one so little understood by the majority both of legal and medical practitioners, and has been given over so exclusively to experts, that any book that gives a reasonably complete and concise outline of this difficult subject ought to be well received by both professions. Those members of the legal profession especially, to whom is entrusted the administration of the criminal law, ought to feel an especial interest in this work, for the law upon this subject, as it seems to the writer, is in a very unsatisfactory condition, and must so continue till more accurate conceptions of the general nature and effects of insanity prevail in the profession. In this branch of the law the legal ought naturally to follow the medical profession so far as it has arrived at definite, rational and generally accepted conclusions. This end would be much sooner reached were the medical side of the question more studied, or studied half as much as it deserves.

The work under consideration seems to the writer precisely the first book to be read by a member of the medical or legal profession endeavoring to obtain an outline of the medical side of the subject

It is comprehensive in its scope, written in reasonably good style, and gives abundant internal evidence not only of extended clinical knowledge of the subject, but of careful and laborious reading of the literature upon the subject. A lawyer might perhaps regret the omission of the references, but for the purposes for which the book was written perhaps it was quite as well not to encumber its pages with too many references. To the practitioner of law or medicine it would seem that from a medico-legal standpoint, chapter I, "How to Examine the Insane," and chapter III, "The Recognition of Simulation," ought to be worth more than the price of the entire book. Take the book as an entirety, we are much pleased with it, and predict for it a cordial reception at the hands of the profession to which it is especially addressed. We wish we might express the hope that it may be extensively read by the legal profession also, for we feel sure that it would prove profitable learning.

M. D. Ewell.

In the Obstetric Gazette for August, 1883, Dr. R. S. Sutton replies to a paper from Dr. O. E. Harick on the subject of extirpation of the uterus, etc. Dr. H. denounced the extirpation of the uterus as performed by Dr. Martin, of Berlin, for prolapsus. Dr. S., who was present at the operation, says the uterus was lying between the limbs of the patient. The cervix was entirely covered with a deep ulcer, secreting an enormous quantity of pus. On the anterior vaginal wall were two abraded, granulating, pus secreting surfaces. Schroeder had twice operated upon this patient, and both operations had failed. Dr. Martin had repeated Prof. Schroeder's attempts, and failed. The uterus was removed with the loss of less than two tablespoonfuls of blood. The woman made a good recovery; she had left a good vagina and not a cul de sac for foul discharges and a source of constant suffering.

Dr. D. S. Beckingosale, in the British Medical Journal, recommends the use of hot water enemata in delivery; contending that it increases the rate of dilatation of the os, and that it accelarates the rate in the progress of labor. That its use will cause less atony of the uterus after delivery, consequently less tendency to post-partum hemorrhage.

Dr. A. D. Rockwell, of New York, reports in the Medical Record seven cases of extra-utererine pregnancy in which electrotherapeutics was successfully employed. He prefers galvanism to the other form of electricity.

A Paper was Read before the College of Physicians, in Philadelphia, at its meeting, June 6th, 1883, by Dr. J. M. Keating, giving some observations on the salivary digestion of starch in infants. He draws the following conclusions, namely: First. That many infants under three months can digest starchy foods. Second. That the individual variations in this regard are so numerous that no vivid and general statement can be made as to the period at which infants begin to digest starches. Third. That a physician can be absolutely certain that a farinaceous ingredient in the diet of a young infant is beneficial only by an examination of the dejecta under such diet.

In a Paper read before the section on obstetrics of the New York Academy of Medicine, at its stated meeting, May 24, 1883, Dr. Munde states that it is utterly useless to expect to cure a chronic catarrh of the uterus by such mild remedies as the plain or new compound tincture of iodine, or solution of nitrate of silver, even one drachm to the ounce, or pure carbolic acid. His treatment, if the patient is a virgin or a multiparous married woman, is to enlarge the external os; this he does with a Sims' uterine knife, or a simple bistoury or straight scissors, dividing the anterior, posterior and lateral lips. The incisions are about a quarter of an inch in depth, making the os nearly or quite as large as the calibre of the cervical cavity. After this he destroys thoroughly the cervical glands with a Simon's or Sims' curette; then he applies pure nitric acid by a cotton mopped application, or the iodized phenol (equal parts) or saturated solution of chromic acid.

Ruge (Zeutsch f. Geb. de Gyn, viij, 2) recommends the application of pyroligneous acid in cases of erosion of the cervix uteri.

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IN A PAPER ON THE EARLY SYMPTOMS of general paralysis in the insane, published in the Archives of Medicine, Dr. W. B. Goldsmith thinks himself justified in drawing the following conclusions, based on a number of cases: 1st. That the striking and characteristic group of symptoms ascribed to the disease by Calmeil in 1826, and having greatest prominence in most text-books since, is to be found only exceptionally in the cases of today at the time when the diagnosis is most important. 2. That physical and mental symptoms usually appear nearly synchronously, so that the physician has the presence or history of both to aid him when called upon for a diagnosis, and it is probable that most of those who report cases of general paralysis without mental impairment are not sufficiently expert to recognize a moderate degree of dementia. 3rd. That their observations agree with those of most writers in making defective articulation the most frequent and characteristic early motor symptom. 4th. That changes in the pupils and disorders of gait are less frequent and have less value in diagnosis than is usually ascribed to them, and that given pupillary changes are no more frequent in one stage of the disease than in another. 5th. That the patellar-tendon reflex is found markedly supra-normal in nearly twenty-five per cent. of general paralytics, and that the presence of this symptom is of strong corroborative value in diagnosis, though its absence has none, and that no peculiar condition of the patellar-tendon reflex can be associated with any given stage of the disease. 6th. That hallucination or impaired function of the impaired senses is very rare as an early symptom; hallucination (auditory) having been noticed first in but one case, and impaired vision but once in a syphilitic case. The diminution in the sense of smell, which Voisin thinks very frequent in the early stages, was not noticed in any of my cases, though it may have been present and escaped attention in some, as slight failure is difficult to recognize. 7th. That it is of great importance in the case of a patient showing mental symptoms to inquire carefully for a history of convulsions or loss of consciousness, as these were the first motor symptoms in twenty of my cases. 8th. That among mental symptoms the marked exhilaration, with delusions of wealth and greatness, which is usually considered the characteristic mental symptom, is present early in less than one-fourth of the cases, and that simple failure of mental capacity and activity, and mental depression are the more frequent first mental changes.

A SOMEWHAT REMARKABLE CASE of malignant pustule, communicated by a fly, is reported in the Gazette des Hôpitaux and reproduced in the Jour. of Cut. and Ven. Dis. The patient was bitten in the cheek by a large black fly, which he immediately killed. The bitten spot in a few hours began to tch violently, but no swelling appeared until the next day. When the patient entered the hospital the whole cheek was of a livid color and enormously swollen, especially over the malar bone, the centre of which region was occupied by a small, black phlyctena, surrounded by a number of transparent vesicles. The eyelids were considerably swollen, and one of the submaxillary glands was enlarged and tender. There was no fever or other constitutional symptom. M. Moltiere's treatment was prompt and energetic. He first completely destroyed the pustule by means of the thermocautery, and then injected the swollen parts, including the sub-maxillary gland, with a

twenty per cent. solution of carbolic acid. The only internal remedy employed was alcohol, which was administered in enormous quantities without producing the slightest sign of intoxication. The affected surface began to slough off on the third day, and in another week was entirely detached. The healing process proceeded rapidly, and at the end of three weeks the patient was discharged. Blood and serum drawn from the vicinity of the pustule having been forwarded to an eminent expert for examination, he succeeded in detecting a few filaments of the bacillus anthracis, and a guinea-pig, which was inoculated with the fluids, died in a few hours with all the signs of specific gangrenous infection.

In a Letter to the Boston Medical and Surgical Journal from Liverpool, about the British Medical Association, the writer says: Mr. Lawson Tait struck a responsive cord in his audience by saying that an exact diagnosis in cases of acute intestinal obstruction is never made until the abdomen has been opened; and furthermore, that in a majority of cases the cause of the trouble is not apparent even then, nor is it advisable to search for it too curiously, as by establishing an artificial anus, at the most convenient point, you will always relieve, and generally cure the patient! He has opened the abdominal cavity between seven and eight hundred times in all, and always on the median line in the case under consideration. He also strongly advocated laparotomy as a remedial measure in peritonitis, having performed the operation twenty times with good results. He washes out the cavity of the peritoneum, inserts a drainage tube, and treats the case as one of ordinary suppuration. Mr. Tait evidently has great faith in abdominal section; more than most surgeons of even the most advanced school. In support of the first statement, namely, the impossibility of making an accurate diagnosis without opening the abdomen, we take the liberty of referring to an hitherto unreported case operated upon by Dr. C. T. Parkes, of Chicago. A man had been treated for a week for intestinal obstruction by all the devices that experience could suggest without avail. He was sent to the hospital, where Dr. Parkes performed laparotomy, and in following up the intestines came upon a large, soft, smooth tumor, and before he could determine its bearings his finger burst through the covering and gave vent to the most offensive pus, which flowed into the abdominal cavity, bathing the intestines. The abdomen was washed out with a weak solution of carbolic acid, a drainage tube inserted, the abdominal wound stiched up, etc. The patient received a hypodermic injection of morphia and atropia, and later in the evening in the absence of the nurse got through the hospital window, climbed over the fence, and was found in a neighboring house. The next day he pulled out the drainage tube himself, and yet got well without an untoward symptom. The bowels soon after the operation were discharged in the normal way. We have no doubt Dr. Parkes will publish a detailed account of the case, and excuse our referring to it in support of the statement made by Lawson Tait.

The New Law for the registration of physicians and surgeons in Michigan (Detroit Lancet) will take effect September 8, 1883, and it provides for the registration within three months thereafter of all who have practiced medicine in Michigan five years, and of all graduates of "any legally authorized medcal college;" and all thus registered may practice medicine in Michigan; as may also students under the instruction of legally-qualified practitioners; but there seems to be no provision in the law whereby there can be any addition to the ranks of the legally-authorized practitioners after the close of the three months allowed for the registration; so it would seem that between September 8th and December 8th, 1883, there must be registered in the offices of the county clerks in this state all who can thereafter practice medicine in Michigan, until some further provision by law can be made for regular admissions to the practice of medicine in this state.

At the Baltimore Academy of Medicine Dr. J. R. Uhler read a paper on uterine dilators (Maryland Med. Jour.), and suggested various methods of effecting dilatation, among others the following: Three or more smooth steel wires are passed into the uterus, one by one through a single rubber band, and a cork or piece of wood with notches cut in its circumference is slipped up between the wires as far as desired, which is to act as a fulcrum. India rubber bands are now slipped over the exposed ends of the wires, which by their elastic tension separate the other ends, thus exercising dilatation of the cervical canal. The wires may vary in size and may be straight or bent, and may be provided with a shoulder to prevent their entering too far into the uterus. A number of elastic bands may be used if necessary to overcome a very thick and firm cervix. Dr. Uhler claimed for this contrivance cheapness, simplicity, pressure gradually applied and readiness of construction. Ordinary knitting needles may be used, and in the absence of the rubber bands a piece of hose, old suspender or garter will suffice. The ends of the wire should be well rounded, and if the os be somewhat patulous a piece of small rubber tubing may be slipped over the end of each wire. The instrument is easy of introduction and may be used in the smallest strictures.

The Following is from the Boston Medical and Surgical Journal: The Madrid Estafette states that a Spanish gentleman, Senor Lucas Nequeiras Saez, who emigrated from his native land to America seventy years ago, recently returned to Spain in a steamer of his own, and brought with him the whole of his family, which consists of no fewer than one-hundred and ninety-seven souls, sons-in-law and daughters-in-law not included. Senor Saez has been three times married. His first wife had eleven children at seven births, his second had nineteen children at thirteen births, and his third had seven children at six births. The youngest of this family of thirty-seven is aged nineteen; the eldest, who is seventy, has seventeen children, of whom the first-born is forty-seven. Of Senor Saez's twenty-three sons, all of whom are living, thirteen are married, six are unmarried, and four are widowers; and of his surviving daughters nine are married. The grand-daughters number thirty-four, and of these twenty-two are married, nine are unmarried, and three are widows; and of the forty-five grandsons twenty-three are married, seventeen are unmarried, and four are widowers. There are also forty-five great-grand-daughters and thirty-nine great-grandsons, of whom three are married. Senor Saez has never tasted wine or any alcoholic liquor, and lives chiefly upon a vegetable diet, with but little salt. In spite of his ninety-three years, he is still hale and hearty, and makes a point of walking briskly for at least three hours every day.

The Following Rules for the examination of urine are given by Dr. Formad in the Louisville Medical News: 1. Sediment in the urine has no significance unless deposited within twenty-four hours. 2. Albumen in the urine does not indicate kidney disease, unless accompanied by tube casts. The most fatal form of Bright's disease—contracted kidney—has little or no albumen. 3. Every white crystal in the urine, regardless of shape, is a phosphite, except the oxalate of lime, which has its own peculiar form, urine alkaline. 4. Every yellow crystal is uric acid, if the urine is acid, or a urinate, if alkaline. 5. Mucous casts, pus, and epithelium signify disease of the bladder (cystitis) or of other parts of the urinary tract, as determined by the variety of the epithelium. 6. The urine from females can often be differentiated from that of the male by finding in it the tessellated epithelium of the vagina. 7. Hyaline casts (narrow), blood and epithelial casts signify acute catarrhal nephritis. Much albumen. 8. Broad hyaline casts, and epithelial dark granular, and oil casts signify chronic catarrhal nephritis. At first, much albumen; later, less. 9. Hyaline and pale granular casts and little or no albumen signify interstitial nephritis. 10. Broader casts are worse than narrow, as far as diagnosis is concerned, for the former signify

a chronic disease. 11. The urine should be fresh for microscopical examination, as the micrococci will change hyaline casts into granular casts or devour them entirely in a short time. 12. Uric acid in the urine may in Trommer's test for sugar form a protoxide of copper, thus often deceiving the examiner in the belief that he has discovered sugar. Thus, when urine shows only a trace of sugar, other methods of examination besides the Trommer's test must be used—preferably the lead test. 13. The microscope gives us better ideas of the exact condition of affairs in the examination of urine than the various chemical tests. Therefore, the time has come when every true physician should know how to handle the microscope.

THE AMERICAN Dermatological Association will meet at the Sagamore House, Green Island, Lake George, on Wednesday, Thursday and Friday, August 29th, 30th and 31st. Papers will be read as follows: Dr. Piffard, "Treatment of Acne." Dr. Hyde, "A Study of the Coincidence of Syphilitic and Non-syphilitic Affections of the Skin." Dr. Graham, "General Exfoliative Dermatitis." Dr. A. R. Robinson, "Alopecia Areata." Dr. Duhring, (1) "On the Value of a Lotion of Zinc Sulphide in Lupus Erythematosus." (2) "Report of a Case of Ainhum with Microscopic Examination." Dr. Atkinson, "A Case of Multiple Cachectic Ulceration." Dr. Van Harlingen, "Experiments on the Use of Naphtol." Dr. Bulkley, (1) "A hitherto undescribed Vegetable Parasite Found on the Human Skin." (2) "A Clinical and Experimental Study on Pruritus." Dr. Sherwell, (1) "Pseudo-psoriasis of the Palm." (2) "Malignant Papillary Dermatitis." Dr. Fox, "A Trip to Tracadie." Dr. Taylor, (1) "Peculiar changes observed in the Non-ulcerating Tubercular Syphilide." (2) "Certain Appearances of the Initial Lesion of Syphilis at its Beginning."

M. PARROT READ before the Académie de Médecine his researches upon syphilis and rachitis (Gaz. Med. de Paris—Polyclinic), and he has come to the conclusion that rachitis is the special lesion which hereditary syphilis produces in the bones. He further states that in all cases of hereditary syphilis there are found, from the last months of intra-uterine life to a period near the second dentition, systematic, polymorphous alterations of the skeleton, and all of them resemble lesions of rachitis. Several patients were presented by M. Parrot to the Society, affected with syphilitic osseous lesions, varying in degree, all of which would have been formerly considered rachitic lesions. At a later meeting of the Society, M. Cazin presented a communication upon this subject, in which he opposed the views of Parrot, and mentioned numerous cases in which rachitis was manifest without it being possible to discover any trace of a syphilitic history. The writer ended his paper by saying, that if we did not accurately know the nature of rachitis, this affection is certainly not a metamorphosis of syphilis. M. Lucas-Championniére supported the views of M. Cazin, and said he had never considered syphilis as a cause of rachitis. M. Deprés did not accept the opinion of M. Parrot, as to the relation of rachitis and syphilis; the latter, he said, has been able to base his opinion, up to a certain point, upon the pathological anatomy of the affections, but their clinical nature absolutely opposed the idea of their identity.

A PRIZE OF $5,000 has been offered by the Worshipful Company of Grocers of London for the discovery of "a method by which the vaccine contagium may be cultivated apart from the animal body in some medium or media not otherwise zymotic. The method to be such that the contagium may by means of it be multiplied to an indefinite extent in successive generations, and that the product after any number of generations shall (so far as can within the time be tested) prove itself of identical potency with standard vaccine lymph." This prize, which is to be offered hereafter quadriennially, is open to universal competition. Treatises on the above subject must be submitted by the 31st of December,

1886. All treatises must be in print and in English. The advisory committee is composed of Drs. John Simon, Burdon Sanderson, George Buchanan and Prof. Tyndall. Communications are to be addressed to Clerk of the Grocers' Company, Grocers' Hall, London, E. C.

Aubert, Surgeon-in-chief of l'Antiquaille, of Lyons, has succeeded in rendering chancrous virus, placed in a tube, innocuous (France Médicale), by submitting it to a heat of 42° to 43° C. during thirty-six hours; even after heating up to 37° or 38° pus cells are no longer found. As a therapeutic application, elevation of the central temperature must be combined with peripheral. It is well to let patients remain several hours in a sitz-bath of 42° or 43° C. The chancrous virus may thus be destroyed in one day. Purely local heating by means of hot water is insufficient. The heat explains the short duration and rapid transformation of chancres of the uterine neck, the limitation of anan chancre to the part below the anus, the frequency of purely inflammatory buboes, whose frequency is about equal to that of chancrous buboes, the cure of phagedena by erysipelas and the cure of chancres by gangrene; in fact, gangrene is always accompanied by an intense fever, and in such cases is a result of the very excess of inflammation of the tissues. In the same manner may be explained the difference in results from inoculations in different regions.

Dr. Louis A. Duhring Reports (July number of the American Journal of the Medical Sciences) two cases of Paget's disease of the nipple, which he holds is not eczema, but a peculiar disease with a malignant tendency. It must be distinguished from eczema, which it resembles, and from ordinary cancer, which it is altogether unlike in its earlier stages. It seems to occupy a ground having the characters of both diseases. The report is interesting as showing the natural history of the affection, This is peculiar. The course of the process is emphatically chronic. In both instances, moreover, the progress of the disease was insidious as well as slow. Nothing of a malignant nature was suspected until after the lapse of five and ten years respectively. The itching which eventually became such a marked symptom. was in both cases insignificant until the affection had existed several years. It may be said not to have manifested itself until after the process had been well established. In this respect the disease differs decidedly from eczema, where itching is one of the first signs noted. The circumscribed, sharply defined outline of the lesion, and the slightly elevated border, are also symptoms which do not obtain in eczema, The brilliant color of the lesion is striking, and is more marked than in eczema. The absence of the "eczematous surface," characterized by appreciable discharge or by vesicles, pustules, or puncta, coming and going from time to time; and the absence of exacerbations, so usual in eczema, may also be referred to. A point to which attention may also be directed is the infiltration, which is firm or even hard, but is not deep-seated. It is rather superficial. In eczema, on the other hand, it is soft. The pains coming on later in the course of the disease, and the indurated, lumpy, or knotted lesions, within the gland structure, of course point strongly to the malignant or cancerous nature of the disease, the existence of which cannot be doubted.

Bilateral Papillitis (Stanung's papillæ) is not accepted as a pathognomonic symptom of tumor of the brain any more (Lancet and Clinic), since it may be produced whenever there is an increase of intra-cranial pressure forcing the arachnoid fluid into the intravaginal spaces around the optic nerve. The cause of the increased pressure may be found in a tumor, abscess, an exudation, hæmatoma of the dura mater, or hydrocephalus internus. But few cases of choked disc due to cerebral abscess are to be found in literature. Dr. Alexander records a case in which the pupils were dilated widely, did not react to light, all the media were clear and normal; the optic disc showed the characteristic appearance,

the nerve was swollen, which extended into the retina, bounded by an abrupt offset. The periphera of the fundus showed nothing abnormal. Post-mortem examination showed an abscess of the right hemisphere. Meninges were slightly adherent to the calvarium; the third and lateral ventricles were enlarged and filled with serum; both optic nerves were very œdematous, especially so near the chiasm. Here the question arises, could a correct diagnosis have been made in this case from the symptoms that were present, or can we differentiate a tumor from an abscess? A mistake in the diagnosis is often unavoidable, especially where there has been no injury to the brain. In this the author was led astray by the symptoms that writers give as pathognomonic of cerebral tumor, namely, the choked appearance of the discs (Stanung's papillæ) on both sides.

The Presence of Neissers gonococci could be demonstrated in the pus of all cases of gonorrhœa (258) examined by Dr. Bockhart at the Wuerzburg clinic. The fresher the cases were the more numerous were the micrococci, but they were present in a case of chronic gleet eleven months after infection. They were also found in the gonorrhœal secretion of the vagina and cervix uteri, while they were absent in a case of urethritis produced by catheterization. To prove the pathogenetic nature of these micrococci a "pure" cultivation of them was injected into the previously healthy urethra of a case of general paralysis of the last stage. After an incubation of two and a half days a discharge appeared, in which, up to the tenth day, when the patient died in a paralytic attack, numerous gonococci could be demonstrated. The result of the autopsy was interesting and unexpected. Not only did the urethra present the characteristic picture of acute gonorrhœa, but the bladder appeared plainly hyperæmic, and in the right kidney were found a number of abscesses whose dependence on the gonorrhœa could be proven by the presence of numerous gonococci in the pus. To ascertain the relation of these micrococci to the tissues of the urethra, the latter was hardened in absolute alcohol and fine sections made of it. The blood vessels of the pars cavernosa, its connective trabeculæ, the submucosa and the mucosa, as well as the transverse and longitudinal sections of its blood vessels, were filled by crowded white blood corpuscles, a large part of which contained gonococci. Besides the mucous and submucous tissue of the fossa navicularis, the lymphatic vessels, connective tissue spaces, large migrating cells in the tissues, were filled with gonococci. Of the latter many had burst, giving rise to free aggregations of micrococci. They were nowhere found in the epithelium of the mucous membrane. The course of the disease, according to Dr. Bockhart, is the following: The micrococci pass between the epithelia of the mucous membrane and reach the lymph tracts of the fossa navicularis, multiply here, producing thrombi of the lymphatic vessels, and give rise to an intense inflammation with migration of white blood corpuscles. These being filled with micrococci travel through the mucous membrane to the urethra, and bursting cause the aggregations of micrococci in the pus of gonorrhœa. The gonococci already liberated in the mucous tissues penetrate the adjoining migratory cells and pass with these either into the blood vessels or urethra, where they finally perish. In this way the complications of gonorrhœa are easily understood. The œdema of the meatus, of the glans, and prepuce are caused by thrombosis of the lymphatic vessels. The lymphangitis dorsi penis, the buboes, the occasional endocarditis, and arthritis gonorrhoica are undoubtedly caused by a transportation of gonococci. A spontaneous cure of gonorrhœa is possible when by profuse secretion of pus and diminished thrombosis of lymphatics more gonococci are eliminated than can be formed by their process of division. On the other hand, it is plain from the foregoing that an effective abortive treatment is inpossible, as to remove the cause the whole mucous membrane, the submucous layer and a part of the pars cavernosa would have to be destroyed by cauterization.

THE QUESTION WHETHER CARBONIC OXIDE can pass from the mother to the fœtus, in cases of poisoning by this agent, has been decided in the negative by Andreas Hogyes (France Médicale). However, his experiments were made by producing rapid intoxication in one minute and a half. Gréhant and Quinquad have arrived at the opposite conclusion. The time occupied for intoxication lasted thirty-five minutes. In two experiments made upon bitches that were full, it was demonstrated that the gas passed from the maternal to the fœtal blood, but in very small quantity; and, when the degree of intoxication of the blood of each was compared, it was found that in the first experiment the mother's blood contained 5.7, and in the second 5.8 times the amount of carbonic oxide found in that of the fœtus. The authors conclude from this that Cæsarean section may save the child where there has been rapid intoxication, from charcoal fumes, in the mother, the blood of the child being yet rich in hæmoglobine capable of absorbing oxygen from the air.

IN A PAPER ON HYDROPHOBIA (Med. Times) Chas. W. Dulles, after devoting considerable space to the literature of the subject, and after quoting the views of the most eminent writers on the subject, thinks that the study of hydrophobia, as the subject is presented to us in both ancient and modern writings, is in the highest degree unsatisfactory. Where so many contradictions are found there must be a great deal of error. If, now, we attempt to form an opinion for ourselves, we must find some way to escape from the influences which have introduced so much confusion in the minds of others. We would perhaps be no losers if the whole enormous mass of literature relating to hydrophobia were swept away, and an opportunity afforded to begin the investigation of the subject without bias by the careful and critical observation of such cases as may arise from time to time, and with the stern determination to eliminate every particle of evidence which is not of a reliability commensurate with the delicacy and gravity of the case. He continues: A careful study of a large number of cases has convinced me that the source of most of the errors connected with this subject is to be found in a general absence of a proper attitude of criticism, together with a deficient acquaintance with the methods by which the nature of all cases of supposed hydrophobia should be tested. The former want ought for its correction to require no more than that attention should be called to it. The latter requires that medical men should be more familiar with all the conditions under which the phenomena usually attributed to hydrophobia may be produced.

DR. J. H. POOLEY RECORDS in the N. Y. Med. Jour. a rather unusual case—thrombus of the olecranon bursa—the patient being a laboring man of middle age who, whilst digging a ditch, struck his elbow against the side of the trench, but not violently. When seen the swelling was directly over the olecranon bursa, very prominent, of about the size of a pigeon's egg, and of an oval shape. It was perfectly free from tenderness, pain, heat or discoloration, and did not interfere with the use or movement of his arm. It was punctured with a small, sharp-pointed bistoury, and some dark colored blood appeared, and, upon opening rather freely, the swelling was found to be mainly occupied by a dark, softish clot. This was sqeezed out and a warm-water dressing ordered. In two weeks it had healed up. The very slight blow which seems to have caused it is remarkable, the more so as the man appeared to be in good health, and presented no rigidity of the superficial arteries, arcus or other evidence of premature senility, all of which were looked for carefully.

M. QUENTIN, PRESIDENT of the department of public assistance in Paris, thought it advisable a few weeks ago to send a circular to the directors of the Paris hospitals, in which he says: that the consumption of beer in the hospitals has become so great that he considers it his duty to put a stop to what he regards as an abuse. He regards beer as neither a

food nor a medicine, but merely a beverage, and in consequence of a want of means to pay for its use has decided that it shall only be delivered at the written request of a member of the visiting staff of the hospital. This circular allowed the hospital staff to order beer by prescription. But very soon even their prescriptions were not honored. In consequence, a remonstrance against this action of M. Quentin was then issued, signed by Le Fort, Cruveilhier, Périer, Verneuil, Bouilly and others. At a hearing subsequently, before the municipal council, M. Quentin gave the following comparative table of the use of beer in the hospitals:

	1875.	1882.
Hotel-Dieu - -	37 litres	1351 litres.
Pitié - -	790 "	8995 "
Charité -	1875 "	13473 "
Saint Antonie -	3768 "	14564 "

The matter is still under discussion. A writer in La France Médicale, commenting on the above, advises M. Quentin to ask the council for an especial appropriation for beer, instead of suppressing entirely the use of a beverage considered very useful in many cases.

The Edinburgh Medical Journal (July, 1883) groups together a series of communications recently made to the Centralblatt für Gynäkologie on the subject of the duty of a practitioner with regard to attending labor cases after exposure to septic materials (Boston Med. and Surg. Jour.). Dr. V. Swiecicki introduces the discussion. He refers to the divergence of opinions on this point entertained by various authors, such as Winckel, who recommends exclusion for a fortnight, Zweifel, who recommends it for a week, Schröder, two days, Martin for twenty-four hours, and Küster, Ahlfeld, Macdonald and others, who insist upon thorough disinfection of hands, finger-nails, clothing and body of the physician or nurse to be all that is necessary, time being a matter of subordinate importance, provided the disinfection is complete. Volkmann's opinion is also referred to as belonging to the latter class. The author, as a contribution to our knowledge of this subject, records the case of a medical student at Erlangen, who examined a midwifery case six days after having opened a thorax, and who had, according to his own account, every day washed with carbolic water in the strictest manner. Before allowing him to examine, the author asked and obtained Professor Zweifel's permission for so doing. The patient, a iii.-para, had an easy labor, but was subsequently seized with diffuse peritonitis associated with right-sided parametritis, and passed through a well-pronounced attack of puerperal fever, being only able to leave her bed at the expiration of four weeks. The child also was infected, gradually lost weight, and died on the twelfth day. The sectio proved the septic nature of the affection. It has, however, to be noted that, besides the student, the author, a practitioner, and the chief midwife examined the patient. The author says that the practitioner had made no post-mortem examination recently, and that both he and the chief midwife on the same day examined another lying-in woman, as well as other puerperal patients, whose convalescence was normal. Relying on this case, the author thinks abstinence from midwifery practice after making a post-mortem examination, or after a case of puerperal fever, is advisable. Löhlein, contributing to the discussion in the same periodical, believes that the physician, if he understands the principles of antiseptics, may so disinfect himself after contact with a dead body or a suspicious lying-in case that he may safely continue his midwifery practice. He cites his own experience during the last four years, during which he examined and treated in consultation numerous patients suffering from putrid abscesses, puerperal fever, etc., and attended meanwhile two hundred and ten midwifery cases in his own practice without any casualty from puerperal sepsis, and with only very occasional high temperatures. This immunity he traces to the thoroughness with which he disinfected the hands, using soap, nail-brushes, and five per cent. carbolic lotion. The chief point, he maintains, is not what is used, but how the application is made. He followed the principle of

performing thrice the act of disinfection,—first, at the patient's house; second, at home, to which he hurried as soon as possible, in order that he might change his clothing and linen; and third, before making another vaginal examination. Dr. Fritch gives his experience, stating that since 1872 he has never lost a puerperal patient, and has had only one serious lying-in case (parametritis), although he had conducted many severe deliveries, and had followed other practice almost uninterruptedly. In 1873 he treated a brother suffering from putrid pelvic abscess, and had to dress the wound daily. After every dressing he washed himself with a six per cent. carbolic solution. During this he conducted two hundred and forty midwifery operations, and for the first time in the history of the Poliklinik of Hallé there was an entire year without a single death. The author argues that this was no mere chance, but the result of the adoption of thorough and intelligent antiseptic precautions. Dr. Wiener, of Breslau, also contributes to the symposium. This author states that in the midwifery clinique from autumn, 1880, to Easter, 1882, during which time Spiegelberg, and, after his death, the author, had charge of it, emboldened by Volkmann's and Ahlfeld's example, students who had to do with infectious materials, such as cadaveric poison, etc., were permitted to undertake deliveries, Spiegelberg and himself proceeding on the principle that if antisepsis actually presented a reliable protection against infection it must do so in all cases and under all conditions. In the time mentioned there died twelve out of four hundred and seventy-one puerperal women; of these twelve, seven must at once be subtracted, in so far as one was brought into the clinique already intensely infected; another had uterine rupture, with the child escaped into the abdomen; two had stinking carcinoma of the vaginal portion; two had suffered severe injury during delivery, partially owing to instrumental assistance; and one had succumbed to hæmorrhage. There remained, accordingly, five fatal cases, equal to 1.06 per cent. of the deliveries, which, without the co-operation of other factors, were caused directly by infection. Of these five deliveries it is further to be observed that one woman had been examined outside the clinique by a female not a midwife; two were used for examination purposes. The writer points out especially that a large portion of the few fatal cases in these public cliniques are the examination cases, where many students examine, and where by reason of some interesting peculiarity they are anxious to make out the condition accurately, really thereby using the finger more than is necessary. If all who had touched a cadaver or cared for a case of puerperal fever were to exclude themselves from midwifery practice for a long time, they should, in consistency, do the same on every occasion of touching infectious materials, whether a putrid carcinoma or the pus from an opened abscess. That such exclusion would lead to intolerable difficulties is plain. But these difficulties must doubtless be reckoned with if the view is really correct that every one that has to do with decidedly infectious materials cannot disinfect himself completely in quite a short period. But this view is not supported by the experience of the clinique in Breslau or of many surgical institutions. The author believes that it is only necessary that the operator, be he surgeon or obstetrician, possess the necessary familiarity and acquaintance with antiseptic details and is convinced of their value. One must, as Volkmann points out, in any case in which he has to deal with infectious materials, immediately undertake a thorough washing with soap and nail-brushes, in a strong—that is, about five per cent.—carbolic lotion (any weaker one is inadequate), and especially must observe careful cleansing of the roots of and parts under the nails, so as to prevent in this way putrid materials from drying in or being imbibed into the deeper layers of the epithelium.

An American Surgeon just returned from Europe reports that Battey's operation is not done at all there; that the operation of Hegar and Tait has entirely superseded it.

Pleurisy rarely occurs during pregnancy. In the Revue Médicale we find an analysis of seventeen cases. According to Léopold, pleurisy occurring in the course of pregnancy runs a favorable course, and, on the other hand, the pregnancy does not appear to be affected by the intercurrent disease. In this latter respect pleurisy differs from pneumonia under the same circumstances. As is well known, the latter often causes abortion, and the abortion gives the mother a chance of recovery from the lung affection. Pleurisy during pregnancy is to be treated, as a rule, in the same manner as when occurring in a woman not pregnant. M. Peter believes that the majority of the acute morbid states arising during pregnancy should be treated antiphlogistically. Vesication, however, should not be practiced, because of the lesions of the kidneys which are so common during pregnancy. Can thoracentesis be done without danger during pregnancy, when it is rendered urgent by a large accumulation of fluid in the pleural sac and consequent dyspnœa? Four cases of M. Camentrae show the slight gravity of the operation under these circumstances, and even its advantages. In addition to surgical measures, diuretics should be used, especially digitalis, which is also a powerful antifebrile remedy. A restricted diet should not be continued too long, inasmuch as the mother has not only her own forces to sustain, but also to bear the cost of the development of the fœtus.

Dr. Gustat Gartner, of the Allegmeine Krankenhaus, in Vienna, has made a series of experiments upon this subject and formulates his conclusions as follows (Med. Jahrbücher, IV. 1882): 1. The resistance of the human skin is very great at the moment that the current enters. 2. This is reduced to about one-thirtieth by the effect of the current. 3. The amount of resistance is dependent upon the intensity of the current employed and upon the length of time it continues. 4. Opening or closing the circuit has no action upon the resistance. 5. The experiments give the same results upon the cadaver as upon the living body. 6. In a part of the cadaver, from which the epidermis has been removed, the current shows no resistance. 7. This only occurs where there is epidermis; the seat of the diminished resistence is also in the epidermis. 8. The electric current warms the skin sensibly in its passage through it.

In a Paper recently read before the Academy of Medicine in Paris, M. Decroix, formerly chief veterinary surgeon of the French army, held that the use of tobacco is the chief cause of the degeneracy of the French youth, and of the decrease of population in France. As the editor of La France Médicale remarks, M. Decroix gives no explanation of the fact that the neighboring populations smoke more than the French, but increase rapidly in numbers nevertheless.

Prof. Jaccoud, of the Paris Faculty, recommends the following mixture of glycerine in cases where cod-liver oil is not well tolerated (Med. and Surg. Reporter): ℞.—Glycerinæ, ʒx; sp. vini. gall. or rum, ʒiij; ol. menth. piperit, gtt.j. M. This quantity may be divided into two or three doses, and taken just after or between meals. This mixture has an agreeable taste, is facile of digestion, and does not cause disgust, even after being used several months without intermission. Prof. Jaccoud has obtained marked benefit from its use in several cases of phthisis.

Dr. Duroziez, in a paper on the prognoiss of mitral stenosis (Union Médicale), pure and complicated at the age of fifty or above, arrives to the conclusion that: mitral stenosis, permitting the passage of one finger or more and giving the characteristic bruits, simple or combined with other valvular lesions, permits passing beyond sixty years only in exceptional cases. When complicated with mitral insufficiency the prognosis is not worse; when with aortic insufficiency the prognosis is more grave; and when the complication is a lesion of the tricuspid it becomes very grave.

CONTRIBUTIONS.

COCA; ITS PHYSIOLOGICAL PROPERTIES.

BY WALTER COLES, M.D., ST. LOUIS.

It is a little singular that an agent so long known as coca should have attracted little or no attention in the medical world until a comparatively recent date. This is perhaps to some extent due to the fact that when the Spanish first made conquest of Peru, the aborigines and all their customs were treated with the utmost contempt; this was especially the case with regard to coca, which was then, as now, extensively used by the natives—the leaves being chewed as we do tobacco. This habit was denounced by the Spaniards, and the use of coca forbidden among the whites. And hence it has only been after the lapse of centuries that these early prejudices have been gradually overcome and the valuable medicinal properties of the plant begun to be appreciated.

Before speaking of the more important therapeutic uses of coca, it will be interesting and instructive to glance briefly at the history of its employment, and of its physiological properties as developed among the natives of the Andes, along the valleys and slopes of which the shrub grows wild and is also extensively cultivated.

From remote antiquity the Peruvians have been in the habit of chewing the leaves at frequent intervals during periods of repose. So general was the use of this plant, and so common the demand for it, that it formed the usual money or medium of exchange in Peru, just as has been the case with tobacco in the early colonial history of Virginia and in certain provinces of S. W. Africa. At present, all the natives and very many whites use it regularly. It is to the mountain Indian the delight, the support, and in some manner the necessity of his life. Whether climbing dizzy heights in the pursuit of game or delving in the mine it is his custom to resort, at intervals, to his pouch (*chuspa*), from which he takes a few leaves and in a peculiar, methodical manner prepares his *acullico*, or chew, the enjoyment of which seems to impart the most blissful satisfaction. Ordinarily, the native takes from three to four such chews every day. Dr. Weddell, an extensive traveler in Bolivia, places the amount used by one person at from one to one and a half ounces per day, and on holidays twice that quantity.

The coca leaf acts differently according to the method of using it; when made into a tea and drank, it produces a gentle excitement followed by wakefulness. If the infusion be somewhat stronger it retards hunger and imparts unusual bouyancy, enabling one who has partaken of it to ascend grea heights, carry burdens, or run rapidly without the sense of fatigue or breathlessness. The mor gradual absorption of its properties from the quid rolled in the mouth, however, is preferred by the Indian; employed in this way it cheers his heart, brightens his mind, and renews his bodily strength for the rigorous tasks of life. In a few instances persons betake themselves to the immoderate use of coca and become "*coqueros*," which is about equivalent to what we would term a drunkard. When thus abused, the effects of coca are injurious. But Dr. Weddell remarks that he has rarely met with such cases. It would seem that among the natives there is little diposition to run into these wild excesses, and so far from working injury to the system, the effects of coca are in every way healthful and pleasant. Von Tschudi (*Travels in Peru*, 1838 *to* 1842—London, 1847) says: "Setting aside all extravagant and visionary notions on the subject, I am clearly of the opinion that the moderate use of coca is not merely innoxious, but that it may even be very conducive to health. In support of this conclusion I may refer to the numerous examples of longevity among Indians who, almost from the age of boyhood, have been in the habit of masticating coca three times a day. Cases are not unfrequent of Indians attaining the great age of 130 years; and these men, at the ordinary rate of consumption, must in the course of their lives have chewed not less than 2,700 pounds of the leaf, and yet have retained perfect health."

It is worthy of remark that the Peruvian Indians have always ascribed to it the most extraordinary virtues. Clusius, writing as far back as 1605, says that when he asked them why they used coca, the answer was that when using it neither hunger nor thirst annoyed them, while their strength and vigor were confirmed. Other writers, who have had ample opportunities to observe, unite in testifying that coca, moderately consumed, seems to exert extraordinary powers in smoothing over the ordinary vicissitudes of life.

Weddell remarks that while coca seems to sustain the body while fasting, it does not destroy the appetite, for coca-chewers eat heartily when they can get what, in the parlance of the day, would be termed a *square meal*.

Perhaps no better illustration could be given of the vitalizing and sustaining influence of this remarkable agent than by citing an instance mentioned by Von Tschudi: "A cholo of Huari, named Hatan Huamang, was employed by me in very laborious digging. During the five days and nights he was in my service he never tasted any food, and took only two hours' sleep each night. But at intervals of two and a half or three hours he regularly chewed about half an ounce of coca leaves

and he kept an *acullico* continually in his mouth. I was constantly beside him and therefore I had an opportunity of closely observing him. The work for which I had engaged him being finished, he accompanied me on a two days' journey of twenty-three leagues across the level heights. Though on foot, he kept up with the pace of my mule, and halted only for the *chaccar*. On leaving me, he declared he would willingly engage himself again for the same amount of work, and that he would go through it without food, if I would but allow him a sufficient supply of coca. The village priest assured me that this man was sixty-two years of age, and that he had never known him to be ill in his life."

Notwithstanding the early denunciation of Spanish priests, the virtue of the coca leaf held its ground, and by degrees leading churchmen became converts to its daily use. One of the warmest advocates of the plant was the Jesuit Don Antonio Julian, who, in a work entitled "*Perla de America*," laments that coca is not introduced into Europe instead of tea and coffee. "It is," he observes, "melancholy to reflect that the poor of Europe cannot obtain this preservative against hunger and thirst, and that our working people are not supported by this strengthening plant in their long continued labors."

In 1793, Dr. Don Pedro Nolasco Crespo urged the issuing of regular rations of coca in the navies of Europe. Von Tschudi has also recommended it as fitted "to afford a nutritious refreshment to seamen in the exercise of their laborious duties, and to counteract the unwholesome effect of salt provisions." And Prof. Schlechtendal, after recommending it as a tonic, soothing, and nutritive—as preventing weakness of the stomach, and the obstructions, colic and hypochondria, to which such weakness gives rise—adds that, "without doubt, the leaves might be usefully employed in Europe." Johnston, in his "Chemistry of Common Life," after noticing all the arguments for and against coca, strongly recommends it in all cases of physical and mental labor.

The chemical properties of the coca leaf, like many other analogous plants, are somewhat complex in their nature. Much of its activity depends upon an alkaloid crystalline principle known as *cocaine*, or cocaina. But according to those who have devoted most time to its practical study, the peculiar properties of this plant belong partly to cocaina and partly to certain odoriferous resins. Coca contains an essential oil which is exceedingly volatile, and it is for this reason that the leaves speedily lose their high flavor and specific virtue when not carefully preserved. Johnston states that they lose much of their strength after the lapse of a year. It would seem therefore that a properly prepared fluid extract would be more efficient for medical purposes than the alkaloid alone. All depends, however, on the proper curing and handling of the leaves, and the fact that they must be comparatively fresh.

Judging from the authentic physiological history of coca, which we have, we are fully authorized in declaring that, when properly used, even as a masticant, it acts as an excellent nerve tonic—imparting strength to both body and mind—and that it thus contributes to health and longevity. These facts commend it to the medical profession for more extended attention than it has hitherto received. It has been highly lauded as of great service in cases of nervous depression, whether the result of overwork, mental anxiety, sexual excesses, or the abuse of tobacco. It has been spoken of as useful in spermatorrhœa, and in cases of partial impotence. It is as a preventive of nerve-prostration, and as a restorative, that Bartholow confines its most valuable powers, and mentions in this connection that "the celebrated pedestrian Weston, having learned this fact, was detected in the use of coca during one of his extraordinary feats in London." The same author remarks that it is a valuable remedy in the nervous form of sick-headache, migraine, a fact of which the writer has had repeated clinical proof.

I have prescribed coca quite frequently within the last few years, and in many instances with most gratifying results. Its property of retarding thirst, while at the same time acting as a cerebral stimulant, renders it a most excellent substitute for ardent spirits, or beer, especially when persons have been indulging too freely and are attempting to break off the habit. It seems to strengthen will-power, by removing that shakiness and mental depression which is one of the incentives with the inebriate to return to his cups. I have also been told by intelligent patients that this drug certainly seems to possess the virtue of contributing to the relief of that longing which at times overtakes the drunkard with such overwhelming force. When administered under such circumstances it promotes a sense of composure which enables the patient to sleep, whereas, when in health, the same dose would aid his faculties in keeping awake.

Coca has been suggested as a uterine tonic in amenorrhœa and in some forms of nervous dysmenorrhœa; of this fact, however, I have not satisfied myself, although I have found it useful in the intense hypochondria which sometimes attends these conditions, and in this way it may prove indirectly beneficial.

The field where this agent is likely to be employed with the best results is with that class of persons, so numerous in these days, who are wearing out

under the mental and physical strain of a busy life; those who are afflicted with the numerous train of ills incident to exhausted nerves and brains. Under such circumstances I have found coca of signal benefit. It seems to retard destructive metamorphosis and impart temporary vigor, during which time tired nature has an opportunity of taking breath as it were. In order to obtain satisfactory results, however, it is important to administer a good article, as the different extracts vary greatly in strength.

A CASE OF BLACK TONGUE.

BY DR. ALBERT MATHIEU.*

The author had occasion to observe a well-defined case of black tongue in the service of M. Lailler, at the hospital St. Louis. The patient, aged 26, presented in the middle part of the dorsum linguæ a large black spot, such as might have been produced by ink spread upon the mucous membrane. This change of color constituted but one part of the lesion; this latter consisted of an extreme prolongation, truly filiform, of the carrotiform papillæ of the tongue. These papillæ, moistened by the saliva, lay like thick grass after a heavy rain.

This is what was seen and described to the Société Medicale des Hopitaux by Maurice Raynaud in 1869. In these hypertrophied papillæ, he thought he had seen numerous spores, and employed a term to designate this affection which gives a picture of and describes the idea: he called it tinea of the mucous membrane (tinea mucosa) on account of the similarity of the spores of the tricophyton to those of the supposed parasite of black tongue, and the analogous appearance which exists between the diseased papillæ and hairs invaded by the parasite of tinea. Since that time, black tongue has been encountered several times, and studied by quite a number of observers. Some saw the parasite of Maurice Raynaud easily and quickly, but others never saw it.

An examination of the case observed by the author permitted him to form an exact opinion on the subject, and at the same time to explain the diversity of opinion among authors. This diversity he thinks is to be explained by the methods followed.

At first, after a hasty examination, the author believed in the existence of these parasitic spores. A later and more thorough examination, and the employment of certain reagents, showed very clearly that the existence of spores was but a deceptive appearance easily explained.

The filiform papillæ are filled with granules, fatty granules, which it is important to cause to disappear. For this they were successfully treated with a dilute solution of potassa, sulphuric ether, alcohol and water. They were placed in small tubes and shaken up in the liquid. They were then examined directly or after being colored by various reagents: picro-carmine, fuchsine, iodo-iodide water, etc. The largest papillæ presented two layers, one cortical and the other central.

The cortical layer is constituted by a rather dense layer of flattened epithelial cells, reduced to a mere framework, their contents having disappeared and deprived of a nucleus. These cellular fragments spread out at the periphery and, under a low power, give to the entire papillæ the appearance of the trunk of a palm tree covered with the unequal short branches which remain after the leaves have fallen. No nucleus is found, nothing which could be compared to a spore.

The narrowest papillæ are reduced to this cortical sheath; they are wanting in central medullary substance. The largest, on the other hand, present a central substance of a particular aspect. There exists a sort of mosaic, a sort of net-work with lengthened spaces, and in the centre of these meshes is found a rounded body somewhat refracting, which completely presents the appearance of the nuclei of the epithelial cells in the middle layer of the epidermis. Their regular arrangement, evidently the result of the arrangement of the cells in which they are contained, renders the analogy still more striking and demonstrative.

The author thinks that he has to deal here with true cell nuclei, which persist in the centre of the papillæ even after they have disappeared in the peripheral layers which are more heaped up, resembling altogether the horny layer of the epidermis. Perhaps a few spores exist in a certain number of the papillæ. It is possible, but the evidence of this is not absolute. At all events, the characteristic fact, the essential fact, is not the existence of parasitic spores, but the exaggerated development of the epithelial envelope of the papillæ. If spores invade this envelope, at times, the phenomenon is merely secondary or accessory. The patient examined was in a generally poor condition. He was affected with anorexia and dyspnœa. The relation with dyspepsia has been noted by Gubler.

To what is the black color due? It must be noted that potassa causes it to disappear, and that it appears in those who do not drink wine (Gubler). The author thinks that the abundance of fat granules in the epithelial sheaths may be one cause of its presence. In the patient observed the saliva was slightly acid in the neighborhood of the black spot. It may be that this acidity is not usual, either with the development of this exuberant epithelial product or with its special coloration.

*Progrès Mèdical, Aug. 4, 1883.

*OXYGENATED WATER IN SURGERY AND IN MEDICINE.**

Since about two years, several surgeons have employed oxygenated water or binoxide of hydrogen for dressing wounds. It is strange that this product, discovered in 1818, by Thénard, did not sooner find a place in the materia medica; this was no doubt due to the fact that manufacturers of chemicals experienced a great difficulty in making it *pure* and *neutral*, that is to say, completely free of baryta and sulphuric acid. In a recent pamphlet on this subject,† Dr. Baldy indicates the methods by means of which the liquid can be made such as to be proper for therapeutical uses.

It is unnecessary to say that it is due to the excess of oxygen which it contains that oxygenated water has a curative action, and this action of oxygen makes itself felt upon the specific micro-organisms of suppurative points.

Without well knowing how the curative influence of oxygen was exerted on surgical wounds, Langier, as early as 1862, had observed it, he had even ordered baths of *pure oxygen* in the treatment of gangrene of the extremities. Jules Guérin and Demarquay made the same observations about this time and obtained some happy results. In 1870 M. Paul Bert demonstrated that animals plunged into a super-oxygenated atmosphere die rapidly; and lately, as the result of a series of experiments made in conjunction with M. Regnard, the same author proved that germs, microbes or ferments cease to proliferate and to live in oxygenated water. Thus, by means of an apparatus, simple in principle but rather complicated in appearance, M. Regnard was enabled to register, by the graphic method, the variations in the liberation of carbonic acid which is produced in the fermentation of beer yeast to which variable quantities of oxygenated water are added.

What takes place in such a case in respect to the beer yeast is observed in the same strict manner with respect to almost all the other ferments, such as the microbes of purulent infection, puerperal septicæmia, gonorrhœa, etc. Among the micro-organisms which are the causes of the diseases called infections (glanders, however, seems to belong to the small number of those whose pernicious properties are not destroyed by oxygenated water), there are very few which are an exception to the rule. Almost all die. "One day that Dr. Baldy was making some researches, in his laboratory, on oxygenated water, he accidentally threw about a litre in a bucket containing detritus, fermenting matter which had been there since two weeks at least. A few moments later the odor exhaled by the waters contained in the bucket had completely disappeared."‡ It was upon the result of this affair that Dr. Baldy began his researches on the therapeutic uses of oxygenated water in the hospital St. Louis, in the service of M. Péan.

Oxygenated water can contain as much as 475 volumes of oxygen. In practice it is useless, and even often does positive harm, to employ a solution containing more than fifteen volumes; the escape of gas which takes place in the surface of wounds, or in the interior of fistulous tracts, produces, beyond this limit, an excitation which is too severe, to expect any favorable results from it. Oxygenated water containing two volumes is sufficient, in many cases, to keep up a permanent escape of oxygen about and upon the surface of the diseased parts; from this there results a constant super-oxydation of the surrounding medium, a condition absolutely incompatible with putridity.

From all the observations collected by Larrivé and Baldy, one fact is apparent that oxygenated water is an anti-putrid topical application more energetic than any other which has yet been employed. It also offers the advantage that its effects can be controlled according to the amount of concentration it possesses. Thus oxygenated water of one and a half or of two volumes is employed for recent wounds, amputation wounds for example, and union takes place as rapidly as with carbolized dressings. On the other hand, in case of a chronic ulcer, rebellious to all stimulants, as are frequently seen in the old, then oxygenated water of ten or even more volnmes can be used, and it is then that it shows its superiority over carbolic acid.

Purulent ophthalmia and gonorrhœa are among the suppurative affections which yield most rapidly to the influence of oxygenated water; cases are as yet not very abundant, and we may be permitted to be reserved in regard to the new remedy; still there is an inducement to give it a fair trial, by proceeding exactly as directed by Baldy and Larrivé, that is by treating purulent ophthalmia by washing with oxygenated water containing three volumes, repeating four or five times during the day, and gonorrhœa by injecting three or four times daily with oxygenated water of the same strength.

All parasitic affections, such as thrush, tineas, etc., have been the objects of analogous trials, and it would seem that success has always been very rapid.

But above all, it was diphtheria that it would have been grateful to see succumb to the anti-putrid influence of oxygenated water. Clinical experience is certainly as yet insufficient in order to judge exactly of the value of this agent in comparison with others. Good results have been obtained, especially in adults; yet it does not appear to be the specific which is so anxiously looked for.

*Editorial in Progrès Médical, June 23, 1883.

†Baldy.—De l'éau oxygenée. sa prèparation à l'état de purete, ses applications à la médecine et à la chirurgie. A Delahaye, 1883.

‡ Larrivé —L' eau oxygenée, son emploi en chirurgie. Thèse de Paris, 1883.

A CASE OF ASPHYXIA DURING THE INHALATION OF NITROUS OXIDE GAS.

BY W. EDWIN GROUND, M.D.

Lecturer on Oral Surgery and Diseases of the Eye and Ear in the Toledo Medical College.

A child, aged four years, was brought to me by her father, August 18, 1883, for the purpose of having gas administered and the four first molars extracted, as they were in a very bad condition, the tissues around them were suppurating. The child being very much frightened at the sight of the apparatus, I placed it in its father's lap and proceeded with the operation. She breathed but few inhalations when she began to get black in the face, and before I could recover the inhaler and take hold of her she had ceased to breathe. The pulse was imperceptible at the wrist, but auscultation disclosed a feeble action of the heart.

I at once inverted her and began to practice artificial respiration, but all seemingly to no purpose. Thrusting my fingers in her mouth I pressed forwards the epiglottis and inflated the lungs, when respiration was resumed. During this time, occupying about two minutes, the features were contracted, dark and livid, the extremities cold and clammy. That this was a case of asphyxia, due to the non-admission of oxygen, there can be no question. But why it should assume such gravity as to very seriously threaten life I am at a loss to know. I have frequently administered nitrous oxide to children, but I must confess I never did like the *modus operandi.*

In each and every case where I have administered it, under the age of ten years, I have noticed marked asphyxia. I have really had more outward symptoms follow the administration of this gas in children than with chloroform. I take every precaution possible to avoid accidents as well as bad after effects; but the impression I have received after considerable experience with this anesthetic is, that its effects on children are not near so favorable as with adults. I have never had a bad symptom occur during or after its adminstration in grown persons, or those over twelve years of age. This may seem a little at variance with ordinarily accepted opinions. It does not seem to be the effect of the gas directly that produces these results, but the exclusion of oxygen, the hypercarbonization of the blood.

Nitrous oxide does not, as does chloroform or ether, enter into chemical composition with the blood, but as a mixture exists therein, producing anesthesia partly by its own specific anesthetic qualities, and partly by the exclusion of oxygen with saturation of the blood with carbon dioride.

Thus I think it may clearly be seen from the fact that children bear exclusion of oxygen badly, that it is not to be preferred as an anesthetic even in short operations to chloroform.

CORRESPONDENCE.

LETTER FROM DR. ENGELMANN.

Toelz, August 5, 1883.

TO THE EDITOR MEDICAL REVIEW:

A night's railroad travel has shifted scenery and surroundings most decidedly for us. With our good bye to Berlin, that first delightful and instructive month of my vacation has passed: from the vast sandy level of active, busy Berlin—that bustling capital of the German Empire, whence its political destinies are guided by Bismark's iron hand, where the leaders of arts and sciences reign, and brightest among these the great masters of our profession—we have come to this little watering place in the highlands of Bavaria, a beautiful spot on the banks of the Isar, amid the most attractive mountain scenery, cool and delightful in its perfect repose.

Of its waters, which are similar to those of Kreuznach, I may tell you something when we meet again, as I expect to be here for some time to have a good rest—probably until obliged to hurry to Antwerp, to take the steamer September 8th.

Your readers will be more interested in Berlin and the medical work going on there—though I must say that my time was entirely taken up by gynecology; even of old friends I saw, with few exceptions, only those who are following this specialty. Foremost among these was Dr. Martin, now well-known to the profession throughout the world. As an operator he is neat, extremely rapid and successful, following in general the method of Schrœder: simplicity, absolute cleanliness and antisepsis.

Minor operations are performed, as by all other Berlin operators, in lithotomy position, with Simon's specula, under a gentle current of carbolized water —the plan I have followed for some years, with this exception, that I take *hot* carbolized water, deriving, as I think, some advantage from its hemostatic qualities, and certainly, as those who have seen the results know, not in any way interfering with perfect union by first intention. The instruments are few and simple, lying in carbolized water; silk and curved needles are used.

He, like all other operators, is exceedingly particular, in a point everywhere neglected at home, not to permit anyone but the assistant on duty to touch instruments or patient, and no one but the operator himself to manipulate a raw surface; operator and assistants are extremely careful with their hands.

Antiseptic preparations for laparotomy are carried out with the greatest circumspection; the room is washed with carbolized water, sponged all night, nurses and assistants bathe, the greatest attention being given to the hands, which are finished off with lemon juice after a thorough process of cleansing in carbolized water.

Whatever may be thought of this minute process, the results are magnificent. Martin has not lost one of his last fifty-eight cases of ovariotomy, difficult and serious in part, in consequence of the operation; two died, both in convalescence—one from embolism, the other from cancer. Prof. Gusserow has not lost a single patient in consequence of ovariotomy this past winter, notwithstanding that he is obliged to operate in the wards of the old charité, where, in my student time, every high amputation proved fatal, and Bardeleben was achieving the first success by careful antisepsis. I remember well how interested we were in the wards assigned him, where carbolic acid reigned supreme—even the fountain was said to be carbolized; but the revolution he there initiated was an eventful one, and its results are to be seen in the even success of ovariotomy in these old wards.

Schrœder certainly has a better field for his work in the superb new Frauen-Clinik, opened since my last year's visit. His results are equal to those of the others, and it is indeed a pleasure to see the confidence with which he removes the largest fibroids. Nothing seems now impossible to surgery, which is year by year passing beyond the barriers, beyond the boundary which, at the time, is supposed to be the last. This was well demonstrated by the removal of a large fibroid, at least as large if not larger than a uterus at term, which it was my good fortune to witness in Schrœder's operating room.

The patient was one who had already come to Schrœder for relief from hemorrhage and suffering, some two years ago; he had opened the abdominal cavity, but found conditions such that he desisted from the operation, merely removing the ovaries; the pedicle was large, the adhesions great. For a time the tumor decreased, as it often does with the removal of the ovaries and ligation of the main supplying vessel; after a time it began to grow with increased vigor, and the patient returned. With greater experience, greater faith in the possibilities of surgery, he now removed this tumor, he now successfully performed an operation far more difficult than the one from which he then shrank! The tumor was larger, the adhesions greater and more firm, the pedicle larger and more resistant.

Equally striking is the removal of the uterus for cancer per vaginam (Freund's method is given up entirely), which I saw Martin perform, and had it not been for a little oozing at the very last, it would have been accomplished with a loss of not more than two tablespoonfuls of blood!

Martin has now performed fifty of these operations, losing one half; the results are good, also as regards relapse.

He is now building an institution of his own, and with reason looks forward to still better results when in his especial operating rooms, arranged for the purpose, with cemented floor and walls. I trust that mine will be completed upon my return home, and in the coming winter's operations I shall have the opportunity (and hope) to work amid the same strict antiseptic precautions, which is only possible in your own domain, and with your own nurses.

Schrœder operates at 7, Martin and Gusserow at 8, though Martin begins his day's work with a lecture at 7—everyone of them hard-working men. The acknowledgment of their success is seen in the number of physicians from all lands who crowd around these leaders—Italians, Russians, Swiss, Americans; the English are, as a rule, wanting. At these operations it was my good fortune to meet such men as Winkel, of Leipzig, now to receive the chair of Obstetrics and Gynecology in Munich; Bidder, of St. Petersburg, now called to Rostock or Königsberg; Breisky, of Prague, one of the few of the leading men of Europe who are open to American ideas and progress.

It seems strange, and to be explained only by national and personal jealousy, that even at this late date Emmet's operation is not understood in Germany, probably nowhere in Europe. The symptoms of the lesion are misconstrued, as are the indications for the operation and its results. The idea conveyed to them by the operation is nothing more than the uniting of a torn surface; if there is any hypertrophy, the wedge-shaped excision is made; the wonderful involution and nervous restitution which follows this truly *ideal* operation of Dr. Emmet is nowhere appreciated. It is a small operation, but in its results it is equal to any of the grander and more desperate. National as well as personal prejudice is a powerful factor even in medicine.

The Hygienic Exposition, which is now in full blast, did not meet my expectations, interesting as it is; in order to make it attractive to the public, the boundaries of hygiene proper have been rather extended and overstepped. The grounds are beautiful, good music and refreshments plentiful, so that they are a favorite resort in the evening, and really beautiful in a daze of electric light.

The exposition itself contains some few very interesting displays; Koch's discoveries, the various bacteriæ and their breeding grounds are shown; the methods of producing bovine virus; the various systems of drainage and canalization, etc.; numer-

ous instrument makers display their goods; but nowhere did I see a greater variety or neater work than at my dealer's—Windler's own store. The great mass of the exposition is, however, made up of such matters as are only with some strain brought under the idea of hygiene, from hospital, school room and penitentiary arrangements, down to clothing, boots, books, preserves, game preserved for a year by a simple powder, to patent locks, telephones and electric lights.

The display of the army medical department did not compare favorably with that of the United States government at Philadelphia.

I found quite a var ety of gynecological examining chairs and tables, but all adapted for clinical purposes, none suited for the consulting room of private practice; in expressing my astonishment at this, I heard several of the leading gynecologists complain of the want of a neat and suitable table such as can be had at home, so that the design of the very simple and serviceable one which I use found great favor. Leiter, of Vienna, displayed his hard rubber goods, and zinc-coil cooling apparatus.

I was interested more particularly in some very useful things which I thought serviceable in practice.

Among the pleasant incidents which add to the attraction of travel was an unexpected and very agreeable meeting with a gentleman whom I hope to have the pleasure of introducing to you in person within a few months. This is Dr. Hunicke, of St. Louis, who has devoted some years abroad to the study of ophthalmology, the greater part of the time in Berlin, and returns home in the fall to enter upon the practice of his specialty—he deserves a hearty welcome.

More anon, if you are interested in the waters of Tölz.

GEO. J. ENGELMANN.

SELECTIONS.

ON THE ENTRANCE OF AIR INTO VEINS DURING OPERATIONS.

(The Treatment of the Accident, with two Illustrative Cases.)

BY FREDERICK TREVES, F.R.C.S.

[British Medical Journal.]

Among the more serious complications of surgical procedures, and holding a high place in the list of surgical calamities, is the entrance of air into veins during operations. It is well known that in some of the simplest operations about the neck or axillæ this complication may lead to an abruptly fatal result, or may provoke at least a train of most alarming symptoms. The air in such cases is drawn into the thorax through a partly divided vein by the inspiratory movement of the chest, just as air is drawn through the trachea into the lungs. This aspiratory effect of the thorax upon the venous circulatiou does not appear to extend beyond the vessels of the neck and axilla; and the few reported cases where air is said to have been drawn through wounds in other veins (e. g., the median and long saphenous veins) are open to considerable doubt.

From an examination of the sixty-seven cases collected by Green it would appear that the accident has occurred with greatest frequency during the removal of tumors from the cervical and axillary regions. It has been met with also, although in but a comparatively small number of instances, in cases of amputation at the shoulder, in resection of the scapula, in ligature of the subclavian artery, in venesection of the external jugular vein, and, in one instance, during the introduction of a seton in the neck. The cervical veins appear to have been much more frequently the seat of trouble than have been the veins of the axilla.

That air may enter, it is necessary that the vein be only partly divided. If the vessel be entirely cut across, the limp walls of the divided vein are drawn together during the respiring movement, and its lumen is more or less entirely closed. This closure is really effected, of course, by atmospheric pressure, and can be well seen in drawing air along a thin India-rubber tube, a part of whose wall has been divided. Veins whose walls are thickened are apt to favor the entrance of air, as are also such vessels as are bound up in inflammatory material, or in the substance of a new growth. The external jugular vein, moreover, is so related to the cervical facia, and the axillary vein to the costo-coracoid membrane, that those vessels remain patent when cut across. Often the dragging upon the parts, as in removing a tumor, is such as to make some of the veins that have been divided gape and remain open.

Of the symptoms of the accident, it is only necessary to say that the entrance of air is marked by a very distinct hissing noise, precisely like that heard when air and water are being drawn up by a syringe. The patient, if not anæsthetised, is seized with a sudden terror; there is severe dyspnœa, with hurried and violent inspirations; the action of the heart becomes irregular, and often tumultuous; the pulse sinks; there is more or less profound syncope, and, in some cases, convulsions of a tetanic character, or a violent cough. About two-thirds of the patients so affected die, the majority within a few minutes, the remainder after an interval of hours, or even days. On the other hand, recovery has taken place even after the symptoms have been

very severe, and, in nine of the cases collected by Green, no visible ill effects followed upon the accident, although the hissing noise was distinctly heard.

As regards the pathology of the condition, it would appear that the fatal result depends rather upon the rapidity with which the air is introduced, than upon the actual amount that enters, other things being equal.

The air is found to occupy the right auricle, and is often considerable in quantity. It may be found also in the right ventricle, and a little may even have passed as far as the pulmonary artery and its branches.

Death appears to be due to arrest of the pulmonary circulation, and to interference with the heart's mechanism, the mixture of blood and air in the right side of the heart being such as to render the proper working of the tricuspid and pulmonary valves impossible. The dyspnœa is probably entirely due to the sudden interruption in the circulation of blood through the lungs, and, as but little blood can reach the left ventricle, the brain must become anæmic and thus the condition of faintness be produced.

In connection with the important subject of treatment, a great many very different expedients have been proposed by those who have dealt with the subject. The first step to be taken is obviously to prevent, as promptly as possible, any further entrance of air into the vein.

To attempt to affect this end by ligaturing the vessel—as some suggest—is certainly not advisable. The application of a ligature involves time; and if the operator were fortunate enough to be able to secure the vein during the inspiratory movement, he may have prevented some air from entering, but at the same time he will have certainly prevented its exit during the next inspiration. To put a finger upon the wounded vein during inspiration, and remove it during the expiratory movement is certainly a better practice. But with regard to this it must be by no means easy to detect in a large wound the exact vein that is wounded. The hissing sound is the only guide; there is nothing to be seen. One surgeon advises that the finger should be applied at the spot where the bubbles are seen entering the vein. But unfortunately, the air does not enter the vessel in the form of bubbles, and, indeed, any bubbles that may be seen represent air that is escaping from the vein. To wait until an expiratory movement had rendered the seat of injury obvious by the issuing of bubbles would not be the best mode of action. The advice of others also that the chest should be so firmly secured as to arrest for a while all respiratory movement, does not appear to be sound. In such a procedure the treatment would seem to be begun at the wrong end.

Without discussing other methods that have been proposed, I think the fact has been somewhat overlooked, that this accident can only occur in what may be termed dry wounds. The wounded vein must be either exposed to the air or be covered by but a slight amount of blood before it can permit of air being drawn into its interior In a deep wound filled with blood, the accident is impossible, and the strange exemption of tracheotomy wounds from this complication may be in some way due to the free venous bleeding with which they are often associated. It appeared to me that the best precaution to adopt in cases likely to be attended with the aspiration of air into the veins was to have an attendant ready with a sponge filled with water, which could be squeezed into the wound at the first alarm. With such a measure, no time need be wasted in searching for the vein, the entrance of air would be at once arrested, and at the most, a little clean water drawn into the circulation. This plan I adopted in the two cases reported below. Bearing in mind that the wound is most dangerous when most "dry," it will be understood that the accident has often occurred while a tumor has been torn away from its attachments, and also after a deep wound has been well sponged out.

The second step in the treatment of the accident is to endeavor to remove the air that has already entered the chest. This, I think, can be best affected by waiting until the next expiratory movement, and then bringing forcible pressure to bear upon the front of the thorax. The air so expressed bubbles up through the water or blood that still fills the wound, and is obviously unable to re-enter so long as the wound is protected in the way indicated.

The ease with which a large quantity of air was expressed from the chest in the first of the cases below reported, would render it difficult to endorse Mr. Erichsen's statement when he says: "We cannot, by any compression that we may employ, squeeze the air out of the heart." The elasticity of the chest in the young, the superficial position of the right auricle and the lax walls of that cavity, would appear to be facts opposed to Mr. Erichsen's conclusions.

The suggestion that the air should be sucked out of the auricle through a catheter passed down one of the main veins, cannot be too strongly condemned. One of the strangest proposals current is that artificial respiration should be resorted to in these cases. The reasons for this proposal are not evident. There is not only quite enough air in the thorax already, but a great deal too much, and the dyspnœa depends not upon lack of air in the lungs,

but upon lack of blood. The only probable effect of artificial respiration would be the introduction of more air into the veins.

Lastly, when all the air has been expressed, the wounded vein should be seized (most conveniently with a pair of Spencer Wells's forceps), and either entirely divided or ligatured. This procedure should be adopted during the expiratory movement. By the treatment advocated, the accident may be immediately dealt with, the entrance of air may be immediately arrested, and the parts placed in a convenient condition for the expression of the air drawn in. The following are the cases alluded to. I am indebted to my colleague, Mr. Adams, for being enabled to operate in each instance.

Case I.—A child aged 2, was admitted into the London Hospital with severe dyspnœa following the inhalation, some time previously, of a foreign body —a fragment of nutshell. All attempts to remove the substance from the larynx having failed, and the dyspnœa being severe, I performed tracheotomy. The child was very fat and the trachea deep. There was free venous bleeding. Just as the trachea was about to be opened, and immediately after the wound had been sponged out, a hissing sound was heard, and alarming symptoms at once appeared. The child became suddenly collapsed, the pulse became irregular, and imperceptible, and the breathing very labored. In a minute or so the child appeared to be dead. It was impossible to tell the position of the wounded vein. Water was poured into the wound, which was rapidly filling with blood, and forcible pressure was brought to bear upon the thorax. Some twenty bubbles of air at once made their appearance. The wound was kept carefully filled during the next inspiration, and then the chest was again compressed, bringing out more bubbles of air. Guided by the bubbles, the tissues were seized by a pair of clamp forceps about the region of the wounded vein during the next expiration, and the vessel so secured. The parts included in the forceps were cut across, no further trouble occurred, and the child made an excellent recovery. The improvement that followed upon the expression of air from the chest was very marked and immediate. The foreign body was coughed up on the third day after the operation.

Case II.—In the case of this patient, a man about 50, I was ligaturing the common carotid as a preliminary step to the removal of a large sarcomatous growth of the tonsil. The patient was stout, and had a thick short neck. The tumor greatly embarrassed his breathing. Anticipating trouble, I had a sponge filled with warm water held ready at hand. Before the ligature was applied, a hissing noise was heard, and the wound was thereupon almost immediately filled with water. The patient, in this instance, exhibited no untoward symptoms. The wound being kept filled with water, the thorax was forcibly compressed during the next expiratory movement, and a surprisingly large number of bubbles appeared in the wound. The tissues were seized, and the vein clamped as in the previous case. No further trouble occurred. The operation was completed, and the patient left the hospital greatly relieved. It may be added that, in both cases, the patient was under the influence of an anæsthetic.

THE RISKS OF "MASSAGE."

BY JULIUS ALTHAUS, M.D.,

[British Medical Journal.]

"MASSAGE," which has for a long time been the Cinderella of therapeutics, has recently seen a considerable change in its fortunes, and become as thoroughly fashionable as mesmerism and homœopathy have been at previous periods in the history of medicine. The "Weir-Mitchell treatment" more especially, which has been found very useful in some obstinate forms of hysteria, is now being indiscriminately applied to all sorts of cases of cerebral and spinal disease of which loss of power forms a conspicuous symptom; and it is therefore time that we should say, "Hands off!" lest a procedure which does good in a limited class of cases should suffer by the excessive praises of injudicious partisans, and eventually be thrown aside altogether.

Prof. Busch, of Berlin, who has written the most recent and sensible treatise on massage and gymnastics (in vol. ii, part 2, of von Ziemssen's Handbuch der Allgemeinen Therapie, Leipzig, 1882), recommends these proceedings chiefly for the treatment of deformities, and of muscular pain. Amongst nervous affections which have thus been treated, he mentions scriveners' palsy, stammering, some forms of hysteria, and muscular paralysis or paresis after poliomyelitis; without, however, saying much in favor of this treatment in the latter condition. It is well known that at various times epilepsy, idiocy, and some forms of insanity, have been treated by massage and gymnastics; but, fortunately, we now hear very little of such therapeutical aberrations.

It appears to me that diseases of the brain and spinal cord must, on account of the anatomical situation of these organs, be inaccessible to the influence of massage, which can only be applicable to more superficial parts of the body. Apart from this, however, it is important to consider that many of the most important diseases of these organs are of an inflammatory or irritant character, either primarily or secondarily; and this should make it

self-evident that massage should not be used for their treatment, even if the suffering parts could be reached by it. I will here only allude to many forms of cerebral paralysis from hemorrhage, embolism, and thrombosis, which are followed by sclerosing myelitis of the pyramidal strands; and most forms of primary lateral, posterior, or insular sclerosis of the spinal cord.

It is only charitable to assume that the advocates of massage, who recommend their favorite procedure in such and similar cases, are somewhat at sea with regard to the pathology and diagnosis of diseases of the nervous system.

That which may be good for developing and strengthening healthy muscles, or muscles which have been enfeebled by disuse or certain local morbid conditions, etc., is not for that reason suitable for the treatment of muscular paralysis owing to central disease. In most cases of lateral and insular sclerosis, which are, unfortunately, now much treated with massage and exercises, rest is indicated rather than active exertion; and overstraining of the enfeebled muscles acts prejudicially on the state of the nervous centres. I have recently seen quite a number of instances in which the central disease had been rendered palpably worse by procedures of this kind; and, in a case of cerebral paralysis which was some time ago under my care, the patient had, after four such sittings been seized with collapse, which nearly carried him off.

A Detailed Opinion of the electric light in theatres has recently been given by Prof. Max Pettenkoffer, in which he draws the following conclusions (Med. News.): 1. The electric light hinders, to a great extent, the overheating of the air in the theatre. 2. Of course, it does not render ventilation of the theatre superfluous, but affords in itself a more thorough means of ventilation than gaslights, which contaminate the air of the room by the heat and products of combustion, both of which are avoided by using the electric light.

Dr. Mihran has been investigating the subject of albuminuria following cutaneous irritation, and advances the following propositions (Med. Rec.): 1. Cutaneous excitement, by whatever means produced, may give rise to albuminuria. 2. The amount of albumen, which, in such a case, can be almost at once detected, will vary according to the degree of excitement, the energy of the exciting agent, the extent of surface acted on, and the duration of the excitement. 3. The duration of the albuminuria will also be determined by the same conditions; in most cases it is transient, but, under the influence of extreme peripheral irritation, it may persist, along with an alteration in the organic structure involved. 4. Albuminuria proceeding from cutaneous excitement depends proximately on a disturbance of vaso-motor innervation.

In Making a Rectal examination for vesical calculus, Prof. Volkmann states (Med. Rec.) that after the patient is completely anæsthetized one hand should be placed over the pubis, introducing the forefinger of the unoccupied hand into the rectum. In this manner, it is easy to grasp a stone with the upper hand, especially in lean subjects. Sometimes it is possible to pass a ligature around the abdominal walls enclosing the stone. In vesical papillomata and myxomata with long pedicles this ligation might be of use.

It is With Regret that we note the death of Prof. Parrot, of the Faculty of Paris. He commenced the study of medicine in 1849, became an interne in 1852, and rose in successive years until in 1876 he was given the chair of History of Medicine, having also the title of clinical lecturer on children's diseases, in which department he did good work to such an extent that he was regarded as quite an authority on this subject, especially as connected with diseases and deformities of the bones and teeth.

Dr. Luxardo describes in L'Union Médicale, No. 54, 1883, a rare anomaly of the penis which he observed in a young man under treatment for gonorrhœa. The meatus presented three openings, which corresponded to as many distinct urethral canals. The upper one gave passage exclusively to seminal fluid, the lower one to urine. The middle tube appeared to communicate with the lower one. The gonorrhœa affected only the two inferior canals.

THE WEEKLY MEDICAL REVIEW.

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THE HIPPURATE OF SODIUM, according to the Midland Med. Miscellany, has recently come into request owing to the remarks concerning its properties made by Dr. Garrod in the Lumleian lectures this year. He has pointed out that when an excess of hippurate of sodium remains in contact with an alkaline one of uric acid for a certain time, the uric acid entirely disappears, and that the presence of excess of uric acid in the system was therefore probably due to the absence of a sufficient quantity of hippuric acid to decompose it; since, in proportion as the diet partakes of a vegetable, and more particularly of a cereal character, the amount of hippuric acid in the urine is increased, and that of uric acid decreased. The quantity of hippuric of sodium necessary, in a dilute solution, to decompose uric acid appears to be in the proportion of twenty-five parts to one. Similar results were obtained by the use of benzoate of sodium, the benzoic acid uniting with glycin, or gelatin sugar in the body, to form hippuric acid. As the chalk stones of gout and gravel or calculi consist of urates of sodium, Dr. Garrod theoretically concluded that hippurate of sodium would be useful in such complaints, and, putting the theory to the test in clinical practice, he found that great advantage was derived by patients from the use of the hippurate and benzoate of sodium in cases of gout; so much so that patients asked to be allowed to continue the use of the remedy. Therapeutic Uses. — Hippurate of sodium acts advantageously on the mucous membrane of the bladder and its appendages, and where there is a tendency in the urine to become ammoniacal it is useful in checking it, urine containing hippuric acid being less liable to undergo decomposition than urine in which it is wanting. This healthy action on the mucous membrane probably influences beneficially the secretion of colloid matter, and may thus prove valuable in cases of gravel and calculus, since in these complaints the secretion of colloid matter is intimately connected with the formation of the deposit of urates. The salt is also likely to prove of service in some forms of eczema, which are closely connected with the presence of uric acid in the blood. Preparation.—Hippuric acid can be prepared artificially by heating glycin with benzoic acid, but is obtained most easily by evaporating the fresh urine of cows or horses to about one-quarter its volume, and then acidulating it with hydrochloric acid. The crude acid is then dissolved in dilute solution of sodium hydrate, the boiling solution freed from color by the addition of sodium hypochlorite, and the hippuric acid precipitated by hydrochloric acid, recrystallized from water, and saturated with carbonate of sodium; or it may be obtained by boiling the fresh urine of herbivora, with milk of lime, straining and evaporating, adding carbonate of sodium, and subsequently purifying the salt by crystallization. The dose of the salt is twenty or thirty grains three times a day.

WE DO NOT believe in charging everything to the savage, but we are always glad to make known the most approved means of dicovering any defect. It is said the smoke test is being used in England and Scotland with great satisfaction. It is applied by a small machine with powerful fanners, which blow the smoke of ignited cotton waste, saturated with oil, into the drainage system, and in due time the smoke issues from all defective points and imperfect traps, showing the leakage.

THE NEW YORK Medical Journal is responsible for the following: An inquest held on the body of a child that was lately found dead in Michigan brought out the following story of the way in which a quack had undertaken to cure the child of epilepsy: "He put something in a jug, kept it in the stove over nine days, and, after wiring the cork in the jug, sunk it in the river. He also wrote two pages of note-paper full, folded it in a three-cornered shape, representing, as he said, the Trinity, sewed it in a three-cornered bag, and attaching strings to it, tied the same around the child's neck, where it was kept until it died. His 'magic cure' was written in German, and the following is a literal translation: 'William John Warner will regain his health in the name of the Lord, God Father, God Son, and God Holy Ghost, Amen. † † † I. N. † N. I. † (interpreted Jesus of Nazareth, Nazarene Jesus). Beelzebub and all the bad spirits, I forbid yon my bedstead, in the name of God, my house, and also my yard; I forbid you, in the name of the Holy Trinity, my blood and flesh, my body and soul. I forbid you as many times as we have nail-holes in my house, as many times as drops in the water, as many times as leaves on the trees, as many times as stars in the heavens, until the last days of judgment arrives, and Mary, the mother of God, gives birth to her second son. In the name of God Father, God Son, and God Holy Ghost. Amen. Thou arch fiend, thou has taken hold of our William John. Get thee hence. Let the worms go out of your body, and your marrow and bones are [sic] again. I beseech you, for the sake of the five wounds of Jesus Christ, get out this very hour.' "

ACCORDING to the Druggists Circular, Mr. N. W. Yeakle read a paper before the Indiana Pharmaceutical Association on the Danger of Impure Water in Hypodermic Solutions. One statement which the author makes cannot be too seriously emphasised: No water that gives the slightest evidence of vegetable or animal contamination should be tolerated in dispensing a solution for hypodermic use. In the study of his subject he made various microscopical examinations of hypodermic solutions, the injection of which were followed by small abscesses. In one the difficulty was referred to the use of rain-water; in another to the use of a dirty hypdermic needle; the hypodermic syringe cannot be too religiously cleaned. The pharmacist in question takes very laudable precautions to secure freedom from germs, but although the method has given him such satisfaction, we should prefer simply to make a kind of cork of absorbent cotton and then to hold the vial thus corked in the bunsen flame until the cotton begins to char, and then to introduce as quickly as practicable the article for hypodermic use dissolved in cherry laurel water. Solutions thus made will keep apparently indefinitely.

DR. GEORGE SUTTON, in the Cincinnati Lancet and Clinic, gives the following list, showing the principal parasites which infect the human system, among which we find no mention of the fungi found in the ear: Microzymes.—Micrococci: Probably of the small-pox, cow-pox, measles, scarlatina, varicella, erysipelas, syphilis, gonorrhea. Bacilli: Probably of typus fever, typhoid fever, tuberculosis, anthrax, leprosy. Vibriones. Filaria: Probably of elephantiasis. Spirillium: Probably of relapsing fever. Bacteria: Probably of septicemia. Entozoa.—Vermes—Cestoda: Probably of tenia elliptica, tenia flavo punctato, tenia mediocanellata, tenia latus, tenia solium, tenia bothriocephalus caudatus, tenia bothriocephalus latus, ascaris mystax, oxyuris vermicularis, filaria medinensis, dochmius duodenalis, trichocephalus dispar, trichina spiralis. Trematoda: Probably of monistoma, distoma. Epizoa.—Insects—Acarus scabei.—Pediculida: Probably of pediculus capitis, pediculus vestimenti, pediculus tabescentium, pediculus pubis originalis. Pulex: Probably of pulex irritans, pulex penetrans. Ixodia: Probably of ixodes Americanæ, ixodes numarias, ixodes crenatus. Undoubted vegetable parasites and their diseases.—Microphites--Achorion schönleinii: Probably of favus. Trichophyton tonsurans: Probably of porrigo scutulata.

Microsporon audouini: Probably of porrigo decalvans. Microsporon mentagrophytes: Probably of mentagra. Microsporon furfur: Probably of tinea chloasma.

THE GENERAL PRACTITIONER will be glad to make the acquaintance of any device to afford relief to consumptive cases. We have seen some very intelligent patients who persistently maintained that they obtained marked relief from the inhalation of the peroxide of hydrogen. De Renzi and Rummo (Gazz. Medica Ital.) claim good results in phthisis and other diseases of the respiratory organs from inhalations of iodoform dissolved in turpentine. The patients were made to inhale twice a day, for two hours, in a small room, the spray of iodoform and turpentine. The effects were more satisfactory than with any other mode of treatment. There was always prompt and considerable diminution of cough and expectoration; in bronchiectasis the fetid expectoration was completely deodorized. Physical signs diminish, the temperature falls, pulse and respiration are less frequent. The secretion of urea is lessened in proportion to the fall of temperature. Iodoform given by inhalation is much more prompt in action than when taken by the stomach; it is an anæsthetic to the pulmonary vagus, and has an alterative and drying local action, which is aided by the turpentine. Its antiseptic action must also be taken into account.

IN HIS SERVICE at the St. Louis Hospital of Paris, Dr. Ernest Besnier showed a patient affected with a disease little known and yet somewhat frequent, and which may easily give rise to errors in interpreting in it. It consists of spots having the appearance of intertrigo, but presenting a certain amount of pigmentation. The spots are more or less rounded, or in the form of discs, and occupy at times quite an extensive surface. They are seated in the axillæ. the groins, scrotum and chiefly at all those points where intertrigo occurs. In those parts which are outside of folds, they present a pale red color which has given the disease its name—erythrasma. There is but little itching without intense reaction, and it is on this account that it is seldom observed, the patients not attaching sufficient importance to it to occupy themselves about it. The author considers it a parasitic disease, whose parasite, of an extraordinary tenuity, can only be observed by means of an objective by immersion and called microsporon minutissimum. Histological examination shows that in the horny layer of the epidermis there is contained a very large number of these cryptogamic elements. The coloration of the spots is due not only to the extreme abundance of the parasite which infiltrates this layer, but also to the presence of pigment granules mixed with spores, which is the result of cutaneous irritation and of chronic pruritis also. The affection is not a grave one, yet it is important to recognize it, and not to mistake it for pityriasis versicolor, to which it bears some similarity.

ULCERATIVE ALCOHOLIC gastritis does not always show itself with the symptoms generally atributed to it (Jour. de Méd. et de Chirurg., Pract.). Thus hæmatemesis may be very abundant, such as occurred in a woman in the hospital. The blood was black, showing its long sojourn in the stomach and that it had flowed very slowly; in simple ulcer, on the other hand, the blood flows rapidly in the stomach and is almost immediately thrown up, so that it retains its red color. Ulcerative gastritis of alcoholic origin is grave, for cases of this sort are always accompanied by lesions which cannot be remedied. In such cases the important point is to stop the hemorrhage. The hæmostatics which act directly upon the stomach can only be employed with difficulty. The best method is to inject ergotin hypodermically, taking care to follow it immediately with an injection of morphia, the latter procuring rest for the stomach, which is absolutely necessary. The temperature of the drinks to be given it is said by some ought to be ice-cold, whilst many others, with a show of reason, advocate hot drinks, which are followed by good results.

A Case of apoplexy of the retina during pregnancy is reported by M. Dejardin in the Jour. des Sciences Méd. de Lille. The patient was thirty-nine years old and suddenly lost the use of the right eye; on examination with the ophthalmoscope a hemorrhage was found extending from the macula almost to the papilla. The lesion appeared to be independent of any inflammatory affection of the retina; but the patient presented all the signs of the condition known as plethoric. She was in the sixth month of pregnancy, and said that she had been bled when pregnant before. There was no cardiac affection, nor any alteration in the urine. A trouble in the circulation could be admitted as a cause of the accident. Vision in the affected eye was almost completely absent. Yet a few weeks after delivery the patient said that vision was coming back and became better each day. Examination showed a gradual absorption of the effusion. Ten months after parturition vision was normal, the retinal tissue seemingly having undergone no alteration whatever. The fact that vision returned to a normal condition after such a vast hemorrhage, and after its persistence for three months, invests the case with peculiar interest.

Dr. Paul M. Chapman claims (Practitioner), that distilled water is not the best vehicle for eye lotions. The doctor has made the observation on himself and many of his friends, and finds 2.5 per cent. of common salt much more agreeable or rather less disagreeable. We would say, however, that a 2.5 per cent. solution of chloride of sodium will develop mycelium very rapidly; and of course a salt solution could not be used with nitrate of silver. In the latter case, of course we must adhere to the distilled water.

Adjuncts to the Beautiful Snow.—Dr. Assman, of Magdeburg, in the Chem. Zeitung says: Flœgel found in examining the residue from the evaporation of freshly fallen snow, living infusoria and algæ, bacilli and micrococci, mites diatoms, spores of fungi in immense numbers; also fibres of wool, mouse hairs, pieces of butterfly wings, skins of the larvæ of insects, cotton fibres, pieces of grass, epidermis, pollen grains, rye and potatoe flour, grains of quartz, minute pieces of roofing tiles, with bits of iron and coal.

M. Cauchois, of Rouen, has a case of a tuberculous patient who presented a bosselated tumor on each edge of the tongue, rendering deglutition very difficult. Although the man was very feeble, he insisted upon the removal of the tumors, and M. Cauchois removed one. The operation was successful, but the patient succumbed to the tuberculosis in three months. The tumors were symmetrical lipomas of the tongue. This variety of tumor is extremely rare and may present itself in three manners: under the mucous membrane, when it can be easily enucleated; in muscular interstices, which renders the operation more difficult, as in the case operated upon; and intimately blended with the muscular tissue, which seems to have degenerated.

P. Lucas-Championniere reports in the Journal de Méd. et de Chirurg. Pratiques the case of a child eight years old which had a considerable number of warts on each hand (twenty-five to thirty), and in which a cure was effected in two months by Fonssagréves' treatment, which consists in giving each day eighty centigrammes of calcined magnesia. Coincidences must always be carefully guarded against, but in the present case the cure is due to the action of the magnesia. This action, which appears totally inexplicable, has been demonstrated in a certain number of cases. The author calls attention to the close analogy existing between warts and certain epitheliomas, and asks whether magnesia might not give as happy results in cases of the latter.

In Carrying Children in the arms care should be taken not to carry them habitually on the same side, as this tends to make them one-sided, a condition that may be frequently observed in all the children of a mother who can nurse only from one breast. Not only

the bodies but the heads and faces of a whole family can sometimes be drawn over to one side. The only remedy is to change the position frequently, a very difficult thing for such mothers to do, but something that good-will and attention can accomplish.

In an Article on Pepsins, in New Remedies for August, Dr. Adolphe Tsheppe expresses himself as follows: For the purpose of testing the solvent power of pepsins for albumen, the most favorable conditions have been determined, and it has been found that pepsin without acid does not dissolve albumen at all; but that the addition of hydrochloric acid, containing 0.5 per cent to 0.6 per cent absolute acid for temperatures of 38° to 40° C., and a less addition, namely of 0.2–0.3 per cent of the same acid for higher temperatures, 40° to 50° C., favors the strongest of the pepsin. Somewhat weaker is the action of phosphoric, nitric and sulphuric acids; with lactic acid and the other organic acids the effect is diminished. Metallic salts and antiseptics, possessing no coagulating effect on albumen, do not disturb this process of solution. Temperatures higher than the normal temperature of the human body, and a percentage of acid higher than is met with in the human stomach, may be permitted as proper conditions for the artificial production of peptones, or for the comparison of the effect of different kinds of pepsin; but for demonstrating the amount of solvent power of a pepsin for therapeutical purposes, it would be necessary to establish the identity actually existing in the human organism, and under these conditions the coefficients of solvent power usually claimed for pepsins are too high. Besides, for the practical preparation of meat peptones, the experimental results gained in this manner have been proved to be illusions, because the yield of meat peptone represents only a small fraction of the albuminoid substance contained in the muscular substance employed. (I know a manufacturer of peptones who, without the use of pepsin, manages to get more elegant preparations in large quantity than can be obtained by pepsin). Pepsins, as well as all other similar ferments which represent products of a continuous physiological function, possess one great drawback which cannot be removed. We have invariably at our disposal only that quantity of the pepsin ferment which the stomach of a slaughtered animal at a certain time either has secreted or prepared in cells. It is questionable, therefore, if the therapeutic employment of this ferment has any advantage at all when given to assist the process of digestion in a dyspeptic stomach, and it is doubtful how much in the cases mostly benefitted by the use of pepsin has to be ascribed to the latter, and how much to the hydrochloric acid accompanying it.

In Regard to the Use of cannabis indica in menorrhagia, Dr. Robert Batho, of Castletown, Isle of Man, writes in the British Medical Journal: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is par excellence the remedy for that condition, which, unfortunately, is very frequent in India. I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia that it is a valuable aid to diagnosis in cases where it is uncertain whether an early abortion may or may not have occurred. Over the hemorrhage attending the latter condition it appears to exercise but little force. I can recall one case in my practice in India where my patient had lost profusely at each period for years until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this nor in any other instance in which I prescribed the drug were any disagreeable physiological effects observed."

In his Investigations with the various samples of platinum for elecro-cautery purposes, Dr. McIntosh has found that some of the samples of platinum behave very differently. He has satisfied himself that it is possible, with exactly the same conditions of battery in every respect, to heat certain samples of platinum wire of a given diameter with greater facility than it is possible to heat other samples having only one half the diameter. He supposes it is due to an adulteration, whether intentional or otherwise, of the platinum with silver. He ventures the opinion that possibly some batteries have been condemned when it was really the wire which was at fault.

Dr. R. L. Macdonnel related a case of testis in perineo to the Medico-Chirurgical Society of Montreal (Canada Med. and Surg. Jour.), in which the patient is fifteen years old. The left testicle has rested in the perineum from the time of his birth. It is situated slightly to the left of the ano-scrotal raphé, rather nearer the anus than the scrotum. The organ is well developed, and freely movable. It can be put into its proper place, but cannot be retained there. The scrotum is not so well developed on the left side as upon the right. There is left inguinal congenital hernia. The boy has been under observation for the last five years. He is said to have been born prematurely at the sixth month, and up to the present time has been very delicate, but the deformity has as yet caused him no inconvenience.

During a recent Voyage, Mr. T. M. Kendall had under his care about two hundred cases of sea-sickness, and from treating them (British Med. Jour.) he learnt the following facts: Many people, as soon as sea-sickness commences, have recourse to oranges, lemons, etc. Now oranges are very much to be avoided on account of their bilious tendency, and even the juice of a lemon should only be allowed in cases of extreme nausea. Champagne is a very common remedy, and in many cases does good; but this appears to be chiefly due to its exhilarating effects, as, if it be discontinued, the result is bad, and a great amount of prostration follows. Creasote is a very old but still very good remedy, and, in cases accompanied by great prostration, is very useful; but, if given in the early stage of sea-sickness, it is often followed by very bad results, and even increases the nausea. Bicarbonate of soda is useful in slight cases, as it relieves nausea, and checks the frequent eructations which often follow attacks of sea-sickness; but, in severe cases, it is absolutely useless, and, in fact, it very often prolongs the retching. A very good remedy in the earlier stages of sea-sickness is a tablespoonful of Worcester Sauce. It relieves the symptoms, and renders the patient easier. Its action is probably of a stimulant nature. Hydrocyanic acid is of very little service, and most acid mixtures are to be avoided, except perhaps for drinking purposes, when it is best to acidnlate the water with a small quantity of hydrochloric acid. Of all the drugs used, the most effectual was bromide of sodium. When bromide of sodium is given in doses of ten grains three times a day, the attacks entirely subside, the appetite improves, and the patient is able to walk about with comfort. In all cases of sea-sickness it is very desirable that the patient should take sufficient food, so that at all times the stomach may be comfortably full, for by this means overstraining during fits of retching is prevented, and the amount of nausea is diminished. The practice of taking small pieces of dry biscuit is not of much use; as, although the biscuit is retained by the stomach, yet the amount taken is never sufficient to comfortably fill the stomach. Soups, milk-puddings, and sweets are to be avoided, as they increase the desire to be sick, and are followed by sickening eructations. Fat bacon is easily borne, and does much good, if only the patient can conquer his aversion to it. When taken in moderate quantity, it acts as a charm, and is followed by very good results. But of all food curry is the most useful in sea-sickness, and is retained by the stomach when all other food

has been rejected. Next to curry come small sandwiches of cold beef, which are usually retained by the stomach. Brandy should be used very sparingly, as in many cases it induces sea-sickness; and its chief use is confined to those cases where the prostration is very great.

A "MEMORIAL PRIZE ESSAY" on the subject of extracting deciduous teeth (Columbus Med. Jour.) is given in the Independent Practitioner, by N. W. Kingsley, D.D.S., of N. Y. There has been a diversity of opinions as to the time when the milk teeth should be extracted. It is generally held that if they remain in too long the permanent set will likely be irregular and deformed, while some dentists claim that if extracted too early the alveolar process will not be properly developed, and hence the permanent teeth will be too crowded. Dr. Kingsley holds that this latter idea is incorrect. The only difficulty likely to arise from early extraction is in connection with the canine teeth. The canines are the last of the temporary to be dropped, and it has been found that if they are extracted before their successors are ready to erupt, the molars back of them will crowd forward so as to interfere with the oncoming permanent canines. Whatever may be the inducement to remove any or all of the other deciduous teeth prior to their period of shedding, the canines should be retained until there is ample evidence of the early emergence of their permanent successors, unless the health and comfort of the child would be sacrificed in so doing. But it would be far better to remove one or all of the deciduous teeth and take the risk of irregularity in the permanent ones, than to submit the child to constant suffering and consequent injury to its health by their retention. So long as deciduous teeth remain in the jaw in a firm and undecayed condition, with no evidence of a misdirection of their permanent successors, it is not advisable to remove them.

A PAPER on the subject of thermometry in the tubercular meningitis of children, read by Prof. Pio Blasi before the Royal Academy of Rome, is given in the Gazz. Med. Ital. Prov. Venete, April 21. His observations were founded on thirty-eight cases occurring in ten years in the Hospital of the Bambino Gezù, and in which the clinical history was controlled by post-mortem examination. The thermometric curve in this disease is most variable, now very low, now rapidly rising to great pyrexia, or presenting short daily oscillations, irregular as to ascent and depression. In spite of this variability the author finds rules which render it distinctive. The medium is not above 39° C. (102.2° F.), the maximum observed was 41° C. (105.8° F.), when with tubercular meningitis acute miliary tuberculosis and pulmonitis were associated, and 40.9° (105.6° F.) in the final period of the disease. The greater depressions noticed by the writer do not occur at the height of the disease, but in its last stage, especially when grave collapse is the forerunner of death. Bontan's assertion that the medium temperature is below the normal is not consistent with facts. Blasi finds the medium to be 39.3° (100.9° F.). The usual type of the curve corresponds to the remittent with evening augmentations. In 245 times, the temperature was found higher in the evening in 176, stationary in 18, lower in 51. The greater elevations were found in the commencement and towards the close of the disease. In the intermediate stages, the temperature was relatively low with slow pulse; a day or two before death, in the majority of cases, the highest temperature was reached. This fact, attributed by Henoch to paralysis of the caloric controlling center, was only wanting in 9 of the 27 cases observed. Hyperpyrexia was observed when the inflammatory element predominated over the tubercular, or when pneumonia or eruption of miliary tubercle in other organs occurred to complicate the case. The lowest temperatures, on the contrary, were found when chronic phthisis, pulmonary or mesenteric, existed; nor does the onset of tubercular meningitis, in the course of ordinary phthisis, cause a further rise of temperature beyond that due to the

primary disease. Among the cases distinguished by low temperatures, the author notes the frequency with which lesion of the cerebellum occurs under the form of more or less caseated solitary tubercles. In 15 cases in which were noted low temperatures between 38.8° C. (103.4° F.) as a maximum, and 36.9° C. (98.4° F.) as a minimum, in 10 the autopsy revealed the presence of cerebellar tubercle. Where these tubercles were found the temperatures were always low. From this he admits the very probable, if not positive existence of a relation between tubercular lesion of the cerebellum and depression of the thermometric curves in tubercular meningitis. This fact, to which other observers have not drawn attention, is not met with in any other complication with anything like the same constancy. The author affirms the want of rapport between the height of the temperature and the frequency of the pulse and respiration, and speaks of the difficulty of the differential diagnosis between tubercular meningitis and typhoid or subcontinuous fever, with predominance of cerebral phenomena or with simple meningitis. Lastly, he treats of the possibility, by the aid of the thermometer, of establishing the diagnosis or of learning approximately the duration of the disease. For example, one can speak almost with certainty of an inflammatory process affecting the meninges, when pneumonia and miliary tuberculosis being excluded, the temperature is noted above 39° C. 100.2° F.) One can foresee with much probability cerebellar tubercles in cases of low temperatures, especially if one can exclude a form of concomitant chronic tuberculosis of the chest or abdomen. Thus from the study of the thermometric curve one can have an indication of the stage of the disease and of its duration, keeping in mind its depression, together with slowing of the pulse in the intermediate stages, the elevation again before death, etc.

A Department of Medicine is to be opened this fall in connection with the University of Michigan. This establishment, the University of Michigan, is the outgrowth of a sectarian institution previously known as the College and Seminary of Our Lady of Angels at Suspension Bridge. It certainly is to be regretted that the term university can be so easily applied to any institution, even although it is of a strictly sectarian school. We do not say that this is the case in the present instance. We are not sufficiently familiar with the question to have an opinion, but in Chicago there is a Baptist University, and in the suburbs a Methodist University, with their associate medical departments. The faculty start out with a good resolution of a four years graded term, with an examining board of five outside of the faculty. The names of the faculty are as follows: Augustus R. Davidson, M.D., Chemistry, Pharmacy and Toxicology; George E. Fell, M.D., Physiollogical Anatomy and Physiology; William H. Heath, M.D., Descriptive Anatomy; William S. Tremaine, M.D., Principles and Practice of Surgery and Clinical Surgery; Charles C. F. Gay, M.D., Operative and Clinical Surgery; Clayton M. Daniels, M.D., Clinical Surgery and Adjunct Professor of the Principles and Practice of Surgery; John Cronyn, M.D., Principles and Practice of Medicine and Clinical Medicine; Thomas Lothrop, M.D., Obstetrics; Henry D. Ingraham, M.D., Gynæcology and Diseases of Children; Alvin A. Hubbel, M.D., Ophthalmology, Otology, and Laryngology; Charles G. Stockton, M.D., Materia Medica and Therapeutics; Hon. Joseph M. Congdon, Jurisprudence. We trust this department of medicine may serve as a healthy stimulus to the already existing school at Buffalo.

The Arrangements for the approaching meeting of the Tri-State Medical Society, at Indianapolis, September 18th, 19th and 20th, are completed. Promises of contributions have been coming in from all over the country from New York to Kansas City and St. Paul, and the attendance will certainly be very large. It will be necessary for the business to be carried on promptly, and to limit both papers and discussions to the prescribed time. Many papers of twenty-five minutes can be

presented in three days, and as there is little or no legislation, and no receptions, etc., it is believed that all the legitimate work can readily be disposed of. Next year it may be necessary to form sections or to increase the time to four days. The sessions will be held in English's Hall, commencing at 9 A.M. Excursion rates have been secured on the following railroads: C., C., C. and I.; Cin., Ind'pls, St. Louis and Chicago; Cin., Wabash and Mich.; Ind'pls and St. Louis; I., B. & W.; Wabash, St. Louis and Pacific; Ind'pls and Vincennes; J., M. & I.; Pitts., Cin. and St. Louis; Vandalia; Evansville and Terre Haute; Ft. Wayne, Cin. and Louisville. The Vandalia will send a sleeping car from St. Louis each evening during the meeting, which will be side tracked at Indianapolis, thus securing a full night's rest for the delegates. Similar arrangements are provided for in returning. The leading hotels, the New Denison, Grand, Bates and Brunswick have reduced their rates for the occasion. Letters of encouragement and good wishes have been received from Flint, Gross, McKenzie and a host of others. Those who can had better attend.

PROF. KNAPP, of New York, advocates (Archives of Otology) the use of a pellet of cotton wet with glycerine as an aid to hearing in cases of defective membrana tympani. He sums up his experience as follows: 1. Cotton pellets, moistened with glycerine and water (1 : 4) and worn as artificial drum-heads, are a great aid to many cases of partial or total defect of the natural drum-head with or without otorrhœa. 2. Their therapeutical action in arresting profuse discharge on the one hand, and in preventing the mucous membrane of the drum-cavity from drying up on the other, is most valuable. 3. They protect, like the natural drum-heads, the deeper parts of the ear against injurious influence of the atmosphere, etc. 4. In some cases they are quite indispensable, and may be worn for a lifetime wit permanent comfort and benefit. 5. In other cases they are needed only periodically, according as the copiousness of the discharge, or the exsiccation of the mucous membrane requires their action in the one or the other direction. 6. The period during which a pellet may be left in the ear varies with the condition of the parts. They should be changed frequently, i. e., every day, or every few days, so long as the discharge is considerable. They should not be worn at all when the discharge is abundant or offensive. When there is no discharge, they may be left as long as they are comfortable (to the patient) and the hearing is good. So far as my experience goes, they are apt to become unclean in a week or two. They ought then to be removed, the ear cleansed either with dry cotton, or cotton steeped in warm soap suds, and new pellets introduced. 7. The management of the ear disease should remain in the hands of a physician until a stationary condition, either of slight, or no discharge, has been reached. During the time the patient is under treatment, he can be taught how to cleanse his ears and remove and replace the pellets.

SOME RESEARCHES HAVE BEEN MADE recently by Lewaschew and Klikowitsch on the subject of the influence of alkaline agencies on the composition of the bile. (Med. Rec.) The experiments were made on dogs with permanent fistulæ leading to the gall-bladder. No canula was used, however. For twenty-four hours previous to the beginning of the experiment neither food nor drink was administered. It was found that artificial and natural mineral waters had a similar action on the secretion of bile. For sometime after the administration of the alkaline waters the quantity of bile flowing from the fistula was diminished. This effect was probably due to the increased flow of bile into the intestines. After this initial period the flow from the gall-bladder became more than the normal. The normal amount had been previously measured. Artificial waters exercised the same influence on the quality of the bile as the natural waters; but different results were obtained with waters of different degrees of concentration. Thus, carbonate of sodium had a

more rapid, powerful, and lasting influence on the composition of the bile than sulphate of sodium. Solutions of weak strength were more powerful than those of higher concentration. Hence, those mineral waters whose principal constituent was carbonate of sodium had the greatest influence on the composition of the bile, especially when the carbonate was not present in a high degree of concentration. The higher the temperature of the fluids ingested, the earlier and more marked were the effects.

Dr. John H. Rauch, as executive officer of the sanitary council of the Mississippi Valley, in his monthly report, says that during the month of August the supervision of the river and rail inspection service, by the executive committee of the sanitary council, has been confined to New Orleans, Vicksburg (at Fort Adams), and Memphis (at President's Island). At New Orleans sixty-five steamboats and other river crafts, with an aggregate capacity of 71,817 tons, and carying 2,684 officers, crew and passengers, were inspected and duly provided with the certificates of the sanitary council. On the Illinois Central and Louisville & Nashville railroads, at the same point, there were inspected 139 freight trains, comprising 1,911 loaded, 1,523 empty cars, together with their crews of 834 persons. At the inspection stations at Fort Adams, below Vicksburg, and on President's Island, below Memphis, an aggregate of 228 river crafts, with a capacity of 224,430 tons, and carrying 15,025 persons, were inspected. These boats were found in good sanitary condition, and no suspicious illness appeared among those on board, although there were a number of cases of the malarial fever of different forms, mainly intermittent. An aggregate of 770 ocean vessels, river crafts and freight trains, with a capacity of 893,231 tons, and carrying 27,888 officers, crews and passengers, have been inspected under the supervision of the council since July 1, 1883. With the exception of one suspicious case in the early part of the month in Jackson County, Miss., on Fort Bayou, near the coast, there has been a very unusual absence of anything like yellow fever in the area in which the inspection service is maintained. In the case alluded to, the Mississippi State Board of Health acted upon the hypothesis that the disease was yellow fever, although the diagnosis was conflicting and the weight of opinion against that conclusion. An inspector was at once put on duty in the district, the locality was placed under a quarantine of isolation for fifteen days; disinfection was resorted to, and nothing further of a suspicious nature has since developed. New Orleans has not been so free from alarm, nor cause for alarm, during the corresponding months of many years, as during the sixty days just closed.

The Following Conclusions are urged by Dr. Joseph Eastman in an article on the anatomy, surgery and hygiene of the rectum published in the American Practitioner for July, 1883: 1. That the rectal anatomist dispense with his drawings exhibiting the rectum distended, or borrow the contracting power of Thomas and add one with it closed. 2. I would urge the rectal surgeon (for purpose, of diagnosis and operation) to utilize the expansive genius of Sims in throwing the rectum open. 3. I would urge humanitarians to insist that at least one-third as much time be given to unloading the alimentary canal that they take in filling the same. 4. I believe it is the duty of philanthropists and sanitarians, especially such as are so anxious to serve on boards of health, to see that water closets invite, not repel. Health boards should inspect every store, factory, and place of business, to see that clerks and employes, male and female, have such privacy and privileges of access to closet accommodations as the importance of the case demands. 5. I would beseech of doctors, philanthropists, sanitarians, and all others interested in humanity, to teach on all proper occasions the pernicious consequences of carrying a load of feces in the bowel until it is absorbed and its odor escapes from the emunctories of the skin, or adds to the not infrequent unpleasant aroma of the human breath.

CONTRIBUTIONS.

VICARIOUS HEMORRHAGES.

A Clinical Lecture Delivered at the Hospital of the University of Pennsylvania, May 12th, 1883.

BY WILLIAM PEPPER, M.D., LL.D.,

Provost of, and Professor of Clinical Medicine in the University of Pennsylvania. Reported by Wm. H. Morrison, M.D.

Gentlemen: This young lady, Miss K. G., aged 23, and a stocking weaver by occupation, gives us the following history, which from her aspect of general good health we should not have expected. As you see, she is apparently well nourished, is not anæmic and presents no signs of emaciation. She states that for the past seven years, during the warmer months of each year, say from May to August. she is liable to hemorrhages. These bleedings are always preceded by a dark color of the skin, and she says that before they disappear the nails get very dark—almost black. This she considers a sign that she is getting better. At this time, the face is pale. The hemorrhages have occurred from various mucous surfaces,from the nose, from the stomach, from the lungs, and from the bowels. Before the annual hemorrhage comes on, she becomes heavy and sleepy, feels tired and loses her appetite. The hemorrhages occur irregularly, sometimes once a week, sometimes oftener. They come in spells, with an interval of three or four weeks between them. Her menses have for the past seven years been irregular, and at times have been absent for several months. For the last six or seven months they have been regular, but attended with some pain.

Hæmatamesis has been the most frequent form of hemorrhage. She once had bleeding from the bowels after an attack of vomiting of blood. On one occasion there was hæmoptysis. She states that the quantity of blood is usually about a quart. It has been as much as three pints. Sometimes it is less than a quart. Two years ago, she was so reduced by the bleeding that she had to stay in bed for eleven months. She says that she can tell when the hemorrhage is coming on by her face getting dark and by feeling the blood moving in her left chest. She has noticed no connection between the hemorrhages and the monthly periods, and she feels certain that there is no connection between them. She has never had a hemorrhage at the same time as the menses. The bleedings, however, occur even when the menses are regular.

She has had four hemorrhages within a month. The first was on April 16th, when she lost over half a pint of blood; the second was on the following Tuesday; the third was on April 27th, and the as on May 5th. In all these, the blood came from the stomach. When the blood is vomited, it sometimes at first comes as a large clot, and after this pure blood appears.

She says that she is nervous, but has never had any nervous spells. She has never had to work very hard. Her parents are living and healthy. She has two brothers and one sister, living and well.

Her family history has been carefully investigated by Dr. John Musser, under whose care she is, and he finds there is no hereditary tendency to bleeding.

Isolated cases of hæmophilia are rare. It is essentially a family disease. The sufferers from hæmophilia, or a morbid disposition to bleeding, nearly always belong to a family of bleeders and present extraordinary hemorrhages, extraordinary in their frequency, in their copiousness, and in the trifling causes which give rise to them. The bleeding may come from almost every surface, from the nose, the mouth, the lungs, the gastric mucous membrane, the vagina, the bowels, or from a cut or an abrasion of any kind. In investigating the family history of such a patient, it will be found that several members of the family have presented the same peculiarity. This condition must of course have a beginning; some one person must found a family of bleeders, but I have never come across the first individual. In all the cases that I have seen and in all the records of cases that I have read, the patients have belonged to families in which hæmophilia was a distinctly recognized condition. This girl has often cut herself, but has not bled any more than other persons. She has no family predisposition to hæmophilia, and I think that we must seek for some other explanation of the extraordinary hemorrhages from which she has suffered.

Her general appearance indicates what a critical examination proves to be true, that there is no organic disease to be detected in any part of the body. There is no pulmonary disease, no cough or expectoration, no family predisposition to phthisis, and no physicial signs of lung disease. Neither is there any evidence of cardiac disease, there is not even an anæmic murmur. An enumeration of the blood corpuscles has been made by Dr. William E. Hughes,who reports that there are 4,735,000 corpuscles to the cubic M. M. This is practically up to the normal standard, which is 5,000,000 to the cubic M. M.

It is certainly unusual to find a person with the blood-making powers so highly developed that they can bleed so frequently and so copiously and make up the loss so promptly and regain the appearance of good health so quickly, as this girl has done. It is unusual to see in a person with no predisposition to bleeding, so many hemorrhages from such different surfaces as we have here seen.

This case must undoubtedly be grouped with the vicarious, hysterical hemorrhages of women. There is no other aspect in which we can regard it. She describes her nervousness in light language, but I think that investigation shows there is in this case a highly nervous element. There has also been a history of long continued menstrual disorder. A most signi cant feature is that the bleeding has been for the most part from the stomach, which is the most frequent source of vicarious hemorrhage in women. Lastly, there has been this great tolerance to the bleeding which is more marked in these vicarious hemorrhages, than in any other form of bleeding.

The diagnosis of vicarious hemorrhage is direct and indirect, positive and negative. The negative evidence is of course the absence of hæmophiliâ and of organic disease of a kind that would lead to hemorrhage. In accordance with the situation from which the blood comes must we direct our investigations. This leads us to study the entire system in every case. In cases of hæmoptysis, the lungs require careful examination and phthisis must be excluded. When the hemorrhage takes the form of hæmatemesis, gastric ulcer and cancer are to be excluded. In this patient cancer is excluded by the youth of the patient, the absence of hereditary tendency, the long duration of the case, the maintenance of good general health without cachexia or emaciation, the absence of pain, absence of vomiting, and the absence of tumor in the epigastrium. Gastric ulcer is excluded with greater difficulty, because not rarely such cases are associated with hyperæsthesia and tenderness in the epigastrium, with morbid appetite, irritability, and as I have sometimes seen, with hysterical vomiting; so that in these patients it is sometimes a difficult matter to obtain the negative evidence of gastric ulcer, and I have in more than one instance been forced to resort to the therapeutic evidence of treating the patient as for gastric ulcer before being able to decide as to the true nature of the bleeding.

In addition to the negative evidence, we have the positive evidence of disordered menstruation, for vicarious hemorrhages are usually connected with marked disorders of this function. There is frequently amenorrhœa. I have seen women who did not lose a drop of blood by the vagina, but who menstruated regularly from some entirely different surface, and who kept this up for months. More frequently, however, there is irregular and deficient uation. Many years ago I saw an interest- se of vicarious hemorrhage which was under the care of Dr. Hewson of this city. It was in a girl with scrofulous inflammation of the knee-joint which necessitated amputation. After amputation, the wound did not heal up. At the time I saw her, there was a fungous ulcer, and from this ulcer she menstruated ever month regularly and copiously. She lost no blood by the vagina. In consequence of the extension of the original disease, the limb was amputated higher up, and she menstruated from this wound once or twice. The wound then healed and she menstruated naturally. This patient was in my office the other day and she told me that the menses had suddenly ceased. She is still a comparatively young woman, about 32 or 33.

I have seen this same thing occur from other external surfaces, but it more frequently takes place from some of the mucous membranes. Vomiting of blood is, by far, the most frequent form of vicarious hemorrhage. The next most frequent form is epistaxis, and then comes hemorrhage from the lungs and from the bowels; but I do not know that there is a single surface from which the blood may not occur in these cases of vicarious hemorrhage. The history, then, of deficient or absent menstruation, with that mobile, sympathetic nervous organization which, if it is not distinctly hysterical, is of a hysterical type, should always make you carefully consider whether the hemorrhage may not be of this functional, vicarious nature. When we have, as here, the absence of all evidence of organic disease, the maintenance of good general health, the extraordinary tolerance of the bleeding, the marked derangement of menstruation and the curiously paroxysmal character of the hemorrhages, occurring annually at certain seasons of the year and coming in groups, separated by intervals of comparative health, I have no hesitation in saying that this is a case, although an unusually developed case, of vicarious hemorrhage.

The treatment of such a case is often difficult. The trouble frequently occurs in patients who are not amenable to treatment. The treatment must be moral, frequently local, and directed to the improvement of the general nutrition.

The nervous element in these cases nearly always requires careful attention, and where circumstances admit of it change of occupation, change of scene, or change of social state should be recommended. I have seen marriage put a stop to this entirely. I have seen it disappear after change of residence, and I have seen a sea voyage break it up entirely. The nervous tone is to be improved by proper hygiene and good moral control. Secondly, careful study of the menstrual function is called for, and if necessary, the uterus should be examined and proper local treatment instituted. In the third place, the general nutrition should be improved and the hemorrhages arrested when they appear. This is to be done by the regulation of the diet and life, and the promotion of nutrition by the use of nutrients and tonics, and the use of astringents, partic-

ularly of those drugs which increase the tone of the blood vessels.

I should be disposed to keep this girl on the use of ergot for a long time, conjoined with a well regulated diet, and, if possible, with change of occupation and residence. She tells me that she has given up her work as stocking weaver and is going to do house work. This is a good change, but if it is not followed by improvement, I shall recommend her to go to the country and do light work on a farm. I do not think that her nervous symptoms call for any other remedies, and since the menstruation has become regular, it will not be necessary to examine the uterus at present. Dr. Musser informs me that he has been using the fluid extract of hammamelis in this case. A short time ago I read an interesting article from the pen of Dr. Musser showing the positive effect which this drug has in contracting dilated vessels, and toning up the relaxed vessel-walls. We shall then continue the fluid extract of hammamelis in teaspoonful doses five times a day and have her report in two weeks.

PUERPERAL CONVULSIONS.

BY DAVID NEWCOMER, M.D., MT. MORRIS, ILL.

[Read before the Ogle County Medical Society.]

Mr. President and Gentlemen of the society:—Puerperal convulsions, or eclampsia, constitute a disease that we very fortunately do not often encounter, for with all of our pretended knowledge and learning of its etiology, and boasted success in its treatment, it still remains a frightful and formidable disease, and will always so remain until shorn of its terrible mortality. The literature of this subject is vast and conflicting, and to the young practitioner must be exceedingly perplexing. A recent writer assures us, with all the gravity imaginable, that eclampsia is "brought about by an affection of the kidneys, and that it is generally the consequence of morbus Brightii," and then goes on to argue that eclampsia is caused by either Bright's disease of the kidneys or by mechanical compression of the ureters by the gravid uterus, so that the poisonous matter of the urine is retained in the system. He does not inform us why it is, if the latter theory be true, that there is such a large majority of women who go through successive pregnancies without any such disturbance. There has indeed been such a diversity of opinions in regard to the cause of eclampsia that I have come to the conclusion that the etiology of eclampsia is not very well understood, and that each one bases his treatment of the disease upon his theory of its causes, etc. We who practice medicine in the country do not encounter this disease very often—according to some authors it occurs once in about 230 cases. I think it occurs more frequently than this; if it is caused by pressure upon the ureters, it does seem to me that we would meet with it oftener than we do. Dr. Ohr, of Cumberland, Maryland, in the June number of the Journal of Obstetrics, boldly affirms that the cause of eclampsia is "reflex nervous action, always and under all circumstances," and that albuminuria is a consequence instead of the cause; his arguments are forcible and pretty clear. I wish that you could read the article for yourselves.

But what concerns us more particularly, is the treatment of this frightful disease; recent writers seem to rely mostly upon diuretics, sudorifics, cathartics and narcotics, and not to treat very actively with either. All of these classes of remedies are no doubt very useful if given in efficient doses, but there are other remedies that I would recommend before any of these, which is to say blood-letting, chloroform and bromide of potass. I am just old fogy enough to follow the teachings of some of our old masters in this respect. My experience has not been very large; I have met six cases of eclampsia since I came to Illinois, all of which were bled largely except one. We will not tire you by giving the cases in detail, but simply say that four of them were primipara and the other two had borne children before. In two the attacks came on during labor, we bled them freely, gave chloroform and hastened the delivery; with the completion of labor the convulsions ceased—in two (primipara) the attacks came on about the eighth month of gestation, came on without any premonition or labor pains, or dilatation of the os. I bled them profusely, and kept them under the influence of chloroform four to six hours and gave them bromide of potass.—did not interfere with pregnancy; in about six days they were taken with labor pains, and stillborn children were expelled without any return of convulsions; in the other two the convulsions came on after the completion of labor, one of which had only one spasm and yielded readily to the soothing influence of bromide of potass. and chloral, the other one had twenty-one spasms before I got to see her. I bled her severely, after which I kept her under the influence of chloroform for about six hours, after which she had no more convulsions; her tongue was so badly bitten and swollen that it protruded from her mouth for several days, which gave her a frightful appearance. She was discharged well in about ten days. My experience, as I have said before, has not been large in the treatment of eclampsia, yet I can not complain of my success in its management. I would not bleed an anemic patient with eclampsia, but I have never met such a one. My cases were all quite healthy, with a tendency to plethora. Dr. Ohr, in the article formerly referred to, gives a

account of over thirty cases of eclampsia treated by himself with a mortality of two; one of these was moribund when he first saw her. She was not bled, and the only one of all his cases that was not bled; this is decidedly the best showing of any of the authors that I have consulted. I feel quite sure that I have averted on several occasions attacks of eclampsia by timely bleeding, and yet after all we cannot always tell how much or how little good we do. A recent writer observes that "it requires a very accommodating conscience to ascribe every fatal case to circumstances over which we have no control, and to attribute successful cases to our interference." I would not say that my treatment of eclampsia is better than others, but as long as it is successful in my hands I feel justified in continuing it, and recommending it to others.

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*THE NERVOUS ACCIDENTS OF DIABETES MELLITUS.**

BY DR. H. BARTH.

Since the last few years the clinical history of Willis' disease has greatly expanded; thanks to the precision of modern observation, to the perfected means of research, a number of cases, which ancient authors had permitted to pass by unnoticed, or had casually noticed without understanding them, have been gathered, classified and interpreted, and have taken, in symptomatology, a place whose importance daily grows greater.

These remarks are particularly applicable to phenomena of a nervous nature; as we penetrate more deeply into the clinical study of diabetes, we are led to recognize that in all its phases, from its inception to its termination, this curious disease may determine, in the different functions of the nervous system, a series of perturbations, some of which are slight and others grave, and which all seem to be immediately dependent upon the dyscrasia produced by the presence of an excess of sugar, which in fine present, as much in a pathogenic as in a clinical point of view, a remarkable analogy to the accidents resulting from various intoxications, such as alcoholism, saturnism or uremia.

The very interesting study of the nervous manifestations of diabetes is to-day sufficiently advanced to render it possible to trace a somewhat complete picture. Such was the task lately committed to Dr. Dreyfous, and it is from his remarkable thesis that we will borrow the principal details which follow.

That which first of all distinguishes the nervous phenomena of diabetes, and prevents their being confounded with the diseases proper of the nervous system, is their variable and irregular character. According to Trousseau's remark they are eccentric, protean and above all unlooked for; they have no course, no regular gradation, without any known cause we see them appear, disappear, improve or aggravate; at one time they show themselves at the beginning of the disease of which they constitute the first revealing signs; at other times they only appear at late periods; they may even fail entirely; on that account they merit the nature of accidents rather than of symptoms.

For want of a natural order which does not exist, we are obliged to have recourse to an artificial classification and to describe successively motor troubles, those of sensibility and of the organs of special sense, trophic troubles and finally cerebral phenomena. Let us rapidly sketch these different points, and then we will endeavor to see how, from our present knowledge, we can explain the general pathogeny of the nervous accidents of diabetes.

I. The *motor* troubles have been observed by all authors since Rollo. It consists at first in a marked diminution of the strength, a general stiffness accompanied by pains in the loins simulating lumbago. The patients complain in their own language of having cotton in the legs, they become apathetic and fear the least exercise. Yet, upon close examination, no true paralysis can be found; muscular vigor remains or is scarcely diminished, but exhausts itself rapidly, and any effort, no matter for how short a time, leaves behind it prolonged fatigue. This lassitude, this muscular torpor, which often appears immediately after the inception of the disease, becomes greater as the latter progresses; it is seen to diminish together with the glycosuria under the influence of rational treatment.

Besides this phenomenon, which is daily observed, it is not very rare to observe true paralyses, and these present characteristics which are peculiar and which have been well defined by Lasègue. They may appear at all periods, and often enough accompanying the initial phases; they are ephemeral and generally partial. If they effect the hemiphlegia from (Lasègue), or even the paraphlagic (Marchal de Calvi), they are not often limited either to one limb or to a group of muscles. They occur in the strangest localities; thus they are found affecting the tongue, the motor muscles of the eye or even those of the larynx; at times they become associated in the most paradoxical and unexpected manner. We have said that they were incomplete and rather limited to a simple paresis. Their duration is very irregular; often they recede in a few days, but to reappear some time after with the same characteristics.

Diverse other motor troubles have also been ob-

*Union Mèdicale, Aug. 7, 1883.

served; thus motor incoördination with a walk recalling that of ataxics (Marchal); thus also cramps (Pavy, Bouchardat), which are remarkable for their frequency and length, and which, coming on during the night, sometimes prevent sleep; again, convulsions, which may be partial or general and simulate epileptiform attacks.

II. The *sensory* troubles are no less common and also present a great variety. Often it is an anæsthesia, but which most often exists in irregular areas, without any regard for the distribution of the cutaneous nerves; it may occupy any point on the body. The anæsthesia is rarely complete; ordinarily there is only analgesia or tactile anæsthesia; it is frequently associated with neuralgia.

Cutaneous hyperæsthesia is very frequent; every one knows that itching, that insupportable pruritus which appears due to the elimination of the sugar by the cutaneous glands, and which is, at times, the guiding phenomenon of a diabetes ignored up to that time. There has also been noticed tearing and painful formication in one side of the body (Trousseau); in some patients there is observed a marked sensibility upon pressure in the region of the nucha or along the spinal column; finally, some diabetic patients complain of an excessive amount of sensitiveness to external cold, which is probably due to a slowness in interstitial combustion.

Diabetic neuralgias have often been observed; according to Worms and Berger, of Breslau, they are frequently bilateral and symmetrical, besides being remarkable for the intensity and tenacity of the pain, which resists all therapeutic means; only treatment for diabetes, by acting upon the cause, is capable of acting. These neuralgias have no seat of election; they affect the sciatic nerves, the intercostal, the dental; according to Rosenstein, they often have for a characteristic that of being limited to peripheral parts. They do not spare the visceral nerves; pneumogastric neuralgia is, by no means, rare according to Prof. Peter; and gastralgia is noted by all authors. It is without doubt to a neuralgia of the cardiac nerves that we must attribute the angina pectoris of diabetic patients, to which Vergely and Huchard have lately called attention.

Having seen the troubles of general sensation, let us consider those which affect the organs of special sense. The loss of the generic sense and impotency show themselves early in diabetes, and inversely in patients with disease of the cord, notably ataxics, and seem to become easily resigned, with that apathy and want of spirit which is habitual with them (Legrand du Saulle).

The ocular troubles are among the most frequent manifestations and the most significant of diabetes (Bouchardat); it is first and above all diabetic cataract that we wish to mention; then glycosuric retinitis, recognizable with the ophthalmoscope by multiple retinal hemorrhages and by whitish spots called fatty, which resemble those in albuminuric retinitis; more rarely progressive atrophy of the papilla is observed. Amblyopia, without any lesions of the fundus of the eye, is somewhat frequent; it is generally binocular, and characterized by the sensation of a fog with or without openings; sometimes there is dyschromatopsia; hemiopia has also been observed (v. Graefe). We have already spoken of ocular paralyses; they are incomplete and transitory like those of other muscles; they attack the accommodating muscle at times, from which results precocious presbyopia: at other times the iris is affected, from which mydriasis and papillary inequality result; again one of the motor muscles of the eye is involved and more especially the external rectus, giving rise to convergent strabismus.

The other organs of special sense are more rarely implicated; yet deafness is produced at times (Dreissing, Greisinger), or tinnitus aurium (Senator), and, according to Lecordé and Mary, anosuria is not so very rare.

Let us only mention here the various and different trophic troubles observed in diabetes: urticaria (Peter), partial hyperidrosis (Buieli), symmetrical gangrene of the extremities (Raynaud), contraction of the palmar fascia (Dreyfus-Brisac), and let us consider the cerebral phenomena which are more important.

III. From the beginning of the disease the patient becomes passive, indifferent to his surroundings; his intellectual apathy renders work impossible for him, his memory fails; often he is the victim of a perpetual somnolency.

In contrast to this picture, an absolutely opposite condition is observed in some cases; the patient is irascible and agitated, his nights are passed without sleep; he is even affected with a nocturnal delirium at times, a delirium which sometimes resembles the final one of those affected with cardiac diseases, and at others is characterized by the possession of a fixed idea; these mental troubles may go on even to insanity.

But this is not all; the patient may present diverse symptoms, which, to the uninformed observer, recall those of a cerebral tumor; thus an intense and persistant aphalalgia, which is more often situated at the nucha (Marchal, de Calvi); an aphasia often complete, but of short duration (Bouchard); vertigos or syncopes, the latter almost always in relation with sudden attacks of diarrhœa (Lasègue); and again epileptiform or apoplectiform attacks, as sudden as they are unexpected.

It remains for us to speak of *diabetic coma*, a grave complication, and of which Küssmaul was the first to give an exact description, and which to-day occupies such a large place in the history of diabetes. The clinical characters of this grave accident are well known. No patient is safe from it, for at times it appears suddenly and constitutes a revealing sign of diabetes; at other times it only appears at the last period, the cachectic; and, at times, it comes on suddenly in the course of a diabetes which has been recognized and is being treated. The prodromal symptoms, which are not constant, are limited to a few phenomena of cerebral excitement, a certain incoherent loquacity, or a pain in the epigastrium, a fear, a vague uneasiness; sometimes it is noted that the patient's breath has a peculiar odor, resembling chloroform somewhat. Soon the symptoms burst forth, rapidly and severely. Sometimes it is gastro-intestinal derangements which begin the scene; colic and vomiting (Schnitz), abdominal pains simulating a peritonitis (Jaccoud), choleraform diarrhœa (Buhl and Tappineer); or it is a complete, inexplicable prostration coming on at once. The principal phenomenon, however, is a violent dyspnœa, a peculiar rhythm; inspiration is deep and energetic, as if the patient needed air; expiration is equally energetic; there is no intermission as in uræmia, on the contrary, the respiratory movements are rapid and regular; yet there is no orthopnœa; the patient, extended upon his bed, is incapable of making any movement; his pulse is small and rapid; the skin dry and wrinkled; the tongue blackish and like parchment; the extremities cold; the urine, when not suppressed, exhaling the same odor as the breath. The coma soon becomes complete, sensibility and voluntary motion are lost, respiration becomes stertorious, the central temperature falls rapidly, and the patient succumbs in twelve to forty-eight hours without having had a convulsive seizure.

IV. Thus it may be seen that the nervous accidents in diabetes are as varied as they are important, and often occupy a large space in the total group of symptoms. But if their clinical history is pretty well known now, is this true of their pathology? Unfortunately it is not, and the many efforts made in this direction have only resulted in theories, often plausible, but none of which can explain all the facts.

We said in the beginning that the essentially desultory nature of the accidents we are studying, their variability, their inconstancy, do not permit us for a single instant to attribute them to a primary alteration of the nervous centres, and the lesions, but ill-defined, which have been found in autopsies were rather effects than causes. On the contrary, everything brings together the diabetic nervous troubles with those observed in the different toxæmias, and everything demonstrates that they must be referred to a true intoxication. But what is the nature of the toxic agent and what is its mode of action? It is here that difficulties spring up.

The majority of researches have had reference to the pathology of diabetic coma, the most important of the phenomena under consideration, and the most easily to study experimentally.

Greisinger, Busch and Wunderlich, struck by a certain clinical analogy, by the lowered temperature, the gastro-intestinal symptoms and the collapse, have advanced the idea that the coma of diabetes is simply due to uræmia; this opinion cannot be sustained, for, without mentioning the numerous cases in which the accidents burst forth in diabetics whose kidneys are acting well, and whose urine is not albuminous, it is certain, from the character of the dyspnœa, from the absence of convulsions, diabetic coma differs widely from uremic coma.

Kussmaul has defended a more solid theory, and one which to-day yet has partisans; it is that of autonemia. He thinks that the sugar of the blood is decomposed by spontaneous acetous fermentation, and thus gives rise to acetone, an ether substance analagous to chloroform and like it possessing stupefying properties. It is certain that acetone exists in the blood of comatose diabetics, as is demonstrated by the chloroform like odor exhaled by their breath and urine. But the experiments of Kussmaul himself and of several other observers have demonstrated that the toxic conditions produced by injecting acetone into the blood offer but a vague resemblance to diabetic coma; besides, to produce these effects, it requires very high doses, and it does not appear probable that this eminently volatile substance, which is eliminated from the lungs without any trouble, could accumulate in the blood in any notable quantity. If acetonemia can account for certain cerebral troubles, it does not explain the sudden phenomena of dyspnœa and of collapse which characterize diabetic coma.

From this last point of view, the hypothesis recently brought out by Sanders and Hamilton is attractive: starting from the well-established fact that a notable quantity of emulsified fat is often found in the blood of diabetics, these authors have attributed the dyspnœa and coma to capillary fatty emboli, analagous to those observed in complicated fractures. But the existence of these emboli has been only imperfectly demonstrated, and it is hard to understand by what influence they would thus produce themselves in such a sudden manner; but

even supposing this to be true, this interpretation would certainly not apply to all cases. Much broader and more in conformity with the results of observation is the theory of Prof. Bouchard, to whom the study of the pathology of diabetes has suggested so many ingenious ideas; without calling to his aid any new morbid agent, he simply attributes the diabetic nervous accidents to the dehydration of the tissues, the natural result of hyperglucæmia. The sugar, which circulates with the blood and which impregnates all the organs, incessantly borrows from the tissues the water necessary for its diffusion. If this water is not abundantly furnished by drinks, the result is a relative dessication and a state of suffering of anatomical elements, notably of the nervous elements. Then comes an aqueous spoliation, which suddenly increases the density of the blood, the dehydration passes the limits compatible with the maintenance of organic life, and accidents becoming promply mortal are the result of this disturbance of the nutritive equilibrium. Thus is explained the frequent appearance of diabetic coma following profuse sweats, diarrhœas and all other causes which are capable of producing a rapid increase in the density of the blood; thus would be justified the similarity which Buhl endeavored to establish between the nervous phenomena of diabetes and of cholera.

This hypothesis is very plausible, and it is possible that the future will show its truth; but does it contain the truth in its entirety and is its simplicity in accord with the extreme complexity of the facts? It would be premature to conclude at present. For want of a final solution, we are at least in possession of certain evidences which permit us to see already somewhat clearly the totality of the pathological conditions of the nervous accidents of diabetes.

Glucæmia, the saturation of the blood and tissues with sugar, is without doubt the primary and essential factor; by its irritative action, this sugar determines troubles in the capillary circulation; by its avidity for water it encroaches upon the phenomena of osmosis and disturbs the nutrition of the anatomical elements; from this result various functional disorders, and for the nervous system, most impressionable of all, a state of *malaise* which is evidenced in a thousand ways. If, in such a condition, a fortuitous circumstance briskly modifies the inner media which are already altered, augments the density of blood by abstracting water, retards the elimination of sugar or produces its decomposition, immediately nutritive exchange will be arrested, the nervous system stupefied will refuse to act, and life, all of whose springs are dried at once, will not stop long ere it departs.

CORRESPONDENCE.

THE BRITISH MEDICAL ASSOCIATION

It was my privilege to be present at the fifty-first annual meeting of the British Medical Association, and though Liverpool is a large city, its ability to entertain fourteen hundred doctors in addition to the large number of tourists who at that season of the year are always sojourning or passing through it, was severely tested. The local committee, however, had planned well, so that all were cared for.

Under one roof, that of a school or college having its summer vacation, were found rooms convenient and commodious for all the purposes of the convocation. The main hall was not so large but that speakers could be heard. In addition to convenient rooms for the sessions of the sections, there were halls for a roomy display of surgical instruments and medicines, for sanitary appliances, for a pathological museum, for an exhibition of microscopic mountings and microscopes, for a reading and writing room, for a lunch room, and for meetings of committees, etc. The arrangements for mail, telegraph, telephone and other necessary conveniences for use of members were most admirable. The furnishing of daily printed programmes of the general business of the sections — and the order of entertainments, and the issuing of tickets, was all most perfect, and I thought, in comparison, the methods of our own national association could be greatly improved. Much of the business of the association was done by committees, and thus the general sessions were not frequent, giving more time for the work of the sections, in which the really practical interest mostly centers. Teus the latter were enabled to meet in the forenoon as well as in the afterpart of the day—something unknown with us. I was pleased to note that the surgical section did not monopolize the attention of the majority of the members—as so often occurs with us, to the detriment of the other sections. Medicine, diseases of women, pathology, ophthalmology, etc., were all well attended and did good work. To expedite sectional business some excellent features prevailed, such as: the title of the subject under discussion was written on the blackboard, also the name of the person addressing the house; the length of the papers was limited to fifteen minutes, and speakers discussing the same to ten minutes, and in every case the party stood forward, to be seen and heard of all--the author of a paper was privileged to close the discussion.

Both at the opening and closing general sessions the Anglo-Saxon spirit warmed to the extent of becoming unruly. However, the displays of passion

were brief, better judgments soon prevailed and judicious measures passed.

There was quite a sprinkling of doctors from the United States, headed by Austin Flint, Sr., who gave the medical section a paper on early tapping in cases of ascites.

Dr. Sims also was present, but not to remain nor make any public display. The visiting physicians were cordially received, and invited to participate in both the discussions and festivities. The latter in the shape of excursions were in some instances allowed to occur at the same time as the work of the sections, and thus to interfere or draw members away from more important objects of the meeting.

There were many more Irish members present than Scotch. On the part of the latter I suspect there is a feeling of jealousy, and a belief that London would largely control. This might very naturally seem true, for the larger the medical center necessarily the greater the number, power and influence of the medical men.

When I say that from the British Medical Association our own National Association could learn many lessons, I realize that the former is older in experience, has a larger active membership and more means; besides, its journal, publishing weekly its papers and discussions, furnishes an inducement for the presentation of articles. Further, its geographical field is small. Wherever it may meet, a few hours' journey will suffice for the congregation of all its members. Different with us, where days are often consumed in bringing together the membership. Thus, in the former case, the annual convocations will largely be made up of the same individuals, while in the latter, meeting in different sections of an extensive country, the yearly sessions find comparatively new men brought together and less familiar with the work. Again, one must not be blind to the fact that the material of which the two bodies are composed is different. Though we, in America, have many able men, and though we have been and are still doing much to cause sincere pride, yet until a fair preliminary education shall be insisted upon from our students, and until our currriculum of study shall be greatly increased, and until the requirements necessary for obtaining the practitioner's degree shall be of the highest standard, and not as in some instances now a mere show of form, a bagatelle, we will not have as favorable elements to draw upon in the formation of our association as have the Britishers.

Though I was disappointed in the general address on Surgery, by Reginald Harrison, yet perhaps he took the wiser course, instead of attempting to go over the whole field of surgery, in confining himself to a single department, namely: Surgery of the Genito-urinary Organs. After briefly speaking of the original contributions that Liverpool had in times past made to general surgery, such as exsection of the knee, by Allison Park, etc., he referred to and extolled the modern operation of extirpation of the kidney, believing it would find a useful place in surgical procedures.

I am reminded of a case related to me by Berkely Hill, of London, in which death occurring some hours after the performance of nephrectomy, a post-mortem revealed the fact that the patient had been living with but one kidney, which solitary organ the surgeon had unwittingly removed.

Mr. Harrison praised Otis for having enlarged the urethra, and Bigelow for being able thereby to get into the bladder with his greatly improved lithotrite, and yet, he said, the old operation of lithotomy would still have its place. He spoke of 102 of the latter operations having been performed in Liverpool with only five deaths, and 105 in Manchester with but one death. He believed that much both could be and should be done in the way of preventing the formation of calculus. In dealing with tumors of the bladder, and with prostatic obstruction, much advance had of late been made. In cancer of the prostate he was enabled through a perineal section in the membranous portion of the urethra to remove, largely with the finger, the diseased mass; he had thus been successful in prolonging life. His operation had been endorsed by Gross. Ashhurst, of Philadelphia, had removed the third lobe. Internal urethrotomy, as a surgica procedure for the relief of stricture, was happily losing ground; the operation was attended with serious danger, and the relief was not permanent. Gradual dilatation was the proper course. In impassable strictures the method of Wheelhouse, of Leeds, was the preferable operation. He complimented Gouley, of New York, for his filiform and tunneled instruments.

The Surgical Section, in discussing removal of the tongue, whether by knife, scissors or ecraseur, insisted that a preliminary opening of the larynx or trachea should be made, through which respiration and the administration of the anesthetic could go on, the throat being thoroughly packed with sponge to prevent trickling down of the blood. If attempted at all, the removal of the cancerous and contiguous parts should be thorough.

Mr. Roth gave his method of successful treatment of non-spasmodic torticollis: First, preliminary gymnastics in the way of forcible correction of the malposition by the surgeon, and by the patient himself before a mirror. Second, tenotomy. Third, continuous gymnastic exercises for four or more weeks, no portable machine or apparatus being employed.

Mr. Owen called attention to a fact he had ob-

served, that congenital wry-neck was often due to a contraction of one of the sterno-cleido-mastoid muscles from the formation of scar tissue, it, the muscle, having been ruptured from undue traction during child-birth.

Mr. Smith successfully treated rotary-lateral curvature of the spine by systematic muscular exercise, and had the patient wear a spinal rest, consisting simply of a padded steel upright with lower abdominal and shoulder straps, against which the spine, when tired, might lean. It struck me that his idea was to have the patient armed with a portable chair-back. In discussing this, Mr. Roth believed that cases capable of relief could be cured without spinal apparatus of any kind—simply by methodical exercise, auto-gymnastics before a mirror, and position.

I shall not attempt to review the various papers read, to enumerate their titles merely would fill several pages. They were mostly practical and of a high order, and in due time will appear in the columns of the "Journal."

As before hinted, the opportunities for social intercourse and recreation were numerous. Two evenings were consumed with elaborate soirees, and one with the annual grand dinner, followed by toasts. Entreé tickets to the latter—dinner with wine—were five dollars each—a feature I highly approve of, as it lessened the burden of the already too generous local members. And the same excellent feature (though the cost of tickets in any case was merely nominal) prevailed at most of the numerous excursions put down for Saturday—the association having adjourned Friday P.M.—of which there were five. I availed myself of the opportunity to visit Chester and Eaton Hall, the trip being made by rail and boat, and most instructive and enjoyable.

On other days, in addition to the evening entertainments, there were free entertainments to the Mersey Tunnel works. Shafts are sunk and drillings being made under the river. To Laird's shipbuilding yards, extensive iron works; to several of the ocean steamers, fortunately the two fastest were in harbor, namely the "Alaska" and "City of Rome." The last trip of the latter steamship was six days and twenty hours, *i. e.*, from land to land. I remarked that I hoped the British doctors would become so enamoured of the steamships as to induce very many of them to visit us in America. Some eight clubs were thrown open to the use of the visitors. Invitations to visit hospitals, public buildings, parks, manufactories, etc., were many. And last, though not least, it was quite exceptional if individual resident members did not entertain at dinner, lunch, or otherwise. It doubtless occurs to you that it were possible for the visiting members to take a Saturday's excursion and still reach home by Sunday morning certainly, as the distance requisite to travel by any one would be so short, comparative to what is so frequently necessary with us.

Speaking of individual courtesies, I cannot forbear to mention the kindness of Mr. H. O. Thomas, not simply in the way of furnishing a warm welcome and hospitality at his residence, but especially for the highly interesting and instructive exhibition of private patients, thirty or more, illustrating the methods and results of treatment peculiar to himself. He is best known through his splint for the treatment of hip-joint disease, but has devised an apparatus equally ingenious and efficient for the relief of other diseases of and accidents to the limbs and body. Having observed his methods and manipulations carefully I am reminded that special appliances and plans of treatment are often successful in the hands of projectors from their understanding of all the nice points, their appreciation of any changes, and how best to meet them. Familiarity and experience with any method imparts ability to insure results. It is not always the special machines or plan employed so much as the tact of the practitioner using it. Now, Mr. Thomas is a genius in his way, and understanding the pathology of the affections he wishes to treat and the indications for the same, with his ingenuity and mechanical skill he is able to meet them and thus obtain most admirable, and in some cases remarkable results, as the cases exhibited showed. This was illustrated in various diseases of the joints, fractures of the limbs, and in deformities. A single illustration: A case of hip-joint disease of several years standing that had suppurated and discharged detritus, which under treatment ceased and the numerous sinuses healed. At present, all treatment is discarded and the limb is slightly shortened, yet there exists quite free and extensive motion at the joint. At another time we will describe in detail some of Mr. Thomas' inventions. Also refer to matters of professional interest gleaned in some of the principal Irish and Scotch cities.

A. J. STEELE.

SELECTION.

CASE OF PERICARDITIS, WITH EFFUSION.

BY JOHN W. MARTIN, M.D., SHEFFIELD.

[British Medical Journal.]

The following case is a good example of the insidious and unsuspected onset of pericarditis, accompanied by effusions into the pericardial sac.

CASE. Insidious Onset: Slight Preceding Muscular Rheumatism in the Right Arm and Shoulder: Dyspnœa: Orthopnœa: Assigned Cause, the House

Cellar-Floor constantly covered with Water: Patient not Intemperate, but accustomed to take Five or Six Glasses of Beer, and One or Two of Spirits, a day: Treatment: Result.—H. G. B., aged 29, residing in Sheffield, formerly a wine and spirit merchant, and, for the three months previously to my seeing him, occupied as traveller for a brewery, came under my care on January 5th, 1883. He was a large, well made, well developed, and well nourished man. He had always been accustomed to live well, and to take beer and spirits, but never to actual excess, as far as intemperance was concerned. For the time he had been engaged in travelling, partly in the way of business, he had been taking from five to six glasses of beer, and one or two glasses of spirits, on an average, a day. There was no family history of rheumatism, as far as the patient knew. He had always been strong and healthy. He changed his residence about three weeks previously to my visit. His former house was very damp, the floor of the cellar being almost always three or four inches under water, no drains existing to carry the water off. Before leaving it, he felt the present attack commence, the only symptoms being a dry troublesome cough and dyspnœa. Before the onset of these symptoms, he had slight pains in the muscles of the right shoulder and arm, but only very slight indeed, and attributed by him to holding his whip when driving. These pains were intermittent. He never had any joint-affection. The dyspnœa gradually increased to orthopnœa. For the ten days before my seeing him, he had not been able to lie down; and, for the last four or five nights, he could only get snatches of sleep of from twenty minutes to half an hour at the time.

When seen, his face presented a dusky, bloated and congested appearance; the conjunctivæ were injected, causing the eyes to look red and ferrety. The veins of the neck were full and prominent, not extraordinarily so, but to a noticeable degree. The expression of the face was anxious and distressed. He complained chiefly of the shortness of his breath, and the troublesomeness of his cough, but did not complain of any actual pain. He seemed to think that his attack was one of bronchitis and congestion of the lungs, and had been diligently taking a mixture from a herbalist in Sheffield, each dose of which sickened him considerably, and gave him considerable distress, without proving in the slightest degree beneficial to the symptoms in the way of giving relief. Careful percussion and auscultation of the lungs failed to elicit any positive symptom of their being engaged. At the same time, so well nourished was the patient, and so abundant was his covering of adipose tissue, that I would not like to be positive as to there being no deeply seated congestion; but I could obtain no exact evidence of it.

Examining into the condition of the heart, I found slight tenderness, increased by percussion over it. The impulse was very weak, but there was no displacement of the apex-beat. The area of cardiac dulness was largely increased, measuring five inches in the vertical direction from the upper border of the fourth rib on the left side, and six and a half inches in the horizontal, from the midsternum, over towards the left side, on a level with the sixth rib. There was no thrill felt on placing the hand over the heart. The first sound could not be heard; the second was heard very faintly towards the base of the heart, on a level with the second intercostal space.

Over the whole surface of the heart, and well round into the axilla, a well marked double friction-murmur was heard, faint towards the apex, loud and rasping at the base. I could not detect any endocardial murmur. The pulse was 104, weak, with a slight thrill in it; no irregularity or intermittency. Temperature 98.4°; tongue clean; liver normal; bowels regular; felt a desire for food, but had an uncomfortable sense of fulness after meals. He was passing thirty ounces of urine daily, highly colored, at present clear, but a little time before depositing lithates freely. It contained no sugar nor albumen. No casts epithelium, or blood-cells could be found. He complained of pain in the lumbar region. The treatment first ordered was the application of a blister six by six inches over the heart, for six to seven hours, and the following mixture: ℞. Potassæ bicarbon, ʒij; potassii iodidi, ʒj; tincture digitalis, ♏ijss; spiritüs ammon. aromat, ℥ss; syrupi zingib., ℥j; aquæ chloroformi q.s. ad ℥viij. M. An ounce to be taken four times a day.

January 6th. The blister rose well. He was much relieved, and able to lie down. He slept fairly, as well as the pain of the blister would allow. Breathing was much easier. The pulse was stonger, 104°. The expression of the eyes and face was much improved. The conjunctivæ was clear. The congestion of the face was gone. The blistered surface would not allow a close examination into the condition of the heart. The treatment was continued.

January 8th. Improvement continued. The blistered surface was healing, but not sufficiently healed to permit percussion. The heart-sounds were reappearing, and the friction-murmurs were decidedly diminished in intensity. Tongue clean. Pulse stronger, 100; no thrill was felt. Breathing was easier. The treatment was continued, and he was ordered to take a Seidlitz powder to regulate the bowels.

(Concluded in next number.)

THE WEEKLY MEDICAL REVIEW.

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THE VALUE OF PROPERLY MADE POST-MORTEM EXAMINATIONS (Detroit Lancet) is not as yet fully appreciated even by physicians as a rule. arely outside of a regular post-mortem room of a hospital is a properly made post-mortem to be seen. There is rarely a term of our criminal courts in which one to many undoubted criminals are not set free owing to the bungling manner in which the post-mortem of some individual, supposed to have been murdered has been made. And the evils do not end with the lack of condemnation of the guilty. Not seldom are the innocent exposed to jeopardy of life and to disgrace of character from the same cause. Of course, science and justice are in this manner simply outraged. But there are another set of problems which can only be solved by a large number of exact post-mortem examinations. Thus, by them, Prof. Beneke has reached the following conclusions, which have been published in a recent circular of the War Department: 1. Before puberty the aorta is smaller than the pulmonary artery; after this period the relation begins to be reversed, and in advanced life the aorta is always the largest. 2. The aorta and pulmonary artery are absolutely smaller in the female than in the male, but relatively to the length of the body there is scarcely any difference between the circumference of the arteries in the two sexes, while the heart in females is absolutely as well as relatively smaller than in males. 3. In adult males the volume of the lungs is greater than that of the liver; in adult females the reverse seems to be true. 4. In men the volume of the two kidneys is nearly equal to that of the heart; in children it is greater. 5. Children have relatively larger intestinal canals than adults. 6. Sudden increase in the size of the heart occurs at the age of puberty. 7. The iliac arteries diminish in size during the first three months of life. 8. The cancerous diathesis is in the majority of cases associated with a large and powerful heart and capacious arteries, but a relatively small pulmonary artery, small lungs, well developed bones and muscles, and tolerably abundant adipose tissue. 9. Pulmonary tuberculosis is often associated with an unusually small heart. 10. In constitutional rachitis, the heart is generally large and well developed; the arteries are also large.

DR. CHARLES GREEN makes the following suggestions in the Lancet on the personal precautions that may be adopted by medical men whilst attending cases of infectious disease, 1. Always have the window opened before entering the patient's room or ward. 2. Never stand between the patient and the fire, but always between him and the open window. 3. If possible, change your coat before entering the room. 4. Do not go in for unnecessary consultation or other physical examination. 5. Stay as short a time as possible in the room. 6. Never, while in the room, swallow any saliva. 7. After leaving the sick-room, wash the hands with water containing an antiseptic. 8. Rinse out the mouth with diluted Condy's fluid, also gargle the throat with it, and bathe the eyes, mouth, and nostrils. 9. Expectorate and blow the nose immediately on leaving the sick-room. 10. Keep up the general health by good food, exercise and temperance. 11. In addition to the above recommendations, which are all pretty generally known, I would suggest another, which is, in my opinion, the most important of all. This is to filter all the air you breathe in the sick-room or ward

through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of carbolic acid before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. I have worn this not only in the fever hospital wards, but in many of the typhus dens in this borough. It is to this method that I attribute the fact that although I have attended between 200 and 300 cases of typhus during the last twelve months, and seen many more, I have hitherto escaped infection myself. The only objection (which is not of much importance in a hospital) is the unsightly appearance one has with the inhaler in situ. This objection, is, however, a very slight one when weighed against the greatly increased safety one not only feels, but I believe actually possesses. I am not aware of this method having been mentioned previously, and this fact, and my desire to prevent a repetition of the late disastrous fatalities, must be my apology for bringing it before the profession.

The Medical News gives the following as the conclusions of M. Gongenheim on œdema of the ary-epiglottic folds, especially in chronic laryngeal affections, as recorded in the Gazette Médicale de Paris. 1. Oedema of the ary-epiglottic folds, especially in chronic laryngeal affections, is not always accompanied by dyspnœa. 2. When dysphagia is absent, which is rarely the case, the œdema may be latent, and is only revealed by laryngoscopic examination. 3. On laryngoscopic examination, the œdematous or hyertrophied folds do not touch during the respiratory act. 4. When the patient is told to articulate the tumefied folds approach each other, but do not cause dyspnœa, and dyspnœa is only caused when the act is prolonged. 5. When the folds are very much enlarged and in contact, they are more or less completely immovable and inspiration does not cause dyspnœa, though articulation and prolonged examination produce spasm and dyspnœa very rapidly. 6. In the course of a very pronounced case of œdema of the folds, laryngoscopic examination made at the time of an attack of suffocation enabled him to see that, so far from the folds approaching each other at the moment of inspiration, they separate, though very slightly. The suffocative feeling and dyspnœa were not, then, the result of an approach of the folds to each other, but of a spasm of the cords, probably induced to some degree by the prolonged examination. 7. Sestier's theory, therefore, of these cases of dyspnœa is inexact. 8. The attacks of suffocation and the inspiratory whistling are due, in these cases, only to an intercurrent spasm, either of reflex origin or produced by compression of the recurrent laryngeal nerves. 9. The discovery of ary-epiglottic swellings is not a therapeutic indication for tracheotomy, unless there is dyspnœa. 10. It is necessary, in any therapeutic procedure, to touch the tumefied folds only with the greatest circumspection, lest a severe spasm be produced. 11. The spasm is not always, in these cases, an absolute indication for tracheotomy; Gongenheim has seen it disappear rapidly in some cases under the use of external and internal remedies. 12. When one sees the signs of laryngeal suffocation, which physicians almost always attribute to an œdema of the folds, a larnygoscopic examination should be made, if possible, as it may reveal the existence of subglottic lesions which may influence the mode of treatment.

Dr. T. S. Galbraith reports a case of congenital occlusion of the vagina in a prostitute substantially as follows (Ind. Med. Jour.): She was eighteen years of age, possessed of a fine physique, and had always been in good health. Her menstruation commenced at the age of sixteen years, was scanty and painful, lasting four or five days. It occurred at proper intervals until about five months before my visit, when it ceased, and pregnancy was supposed to have taken place. Repeated attempts at abortion by means of what she described as a uterine sound, were made, but without success. By digital examination the

vagina was found to be about two inches in depth, terminating in a smooth pouch-like membrane, in which no opening could be found. By the aid of Sims' speculum, however, a firm membranous septum was found stretched across the vagina, just in front of the cervix. A small pin-hole opening was discovered about its center, through which a small bent probe was passed and the upper part of the vagina explored. The patient was etherized, and with curved scissors I carefully dissected the membranous septum from the vaginal walls. The after treatment consisted in thoroughly dilatating the vagina every day for two weeks with a trivalve speculum, injecting the vagina with carbolized water twice a day, and in the intervals carbolized cotton tampons were retained in the vagina. The Sims glass vaginal dilatators were tried, but seemed to be too short and caused pain at the vulva, and they were abandoned. The patient entirely recovered in a few weeks, and her vagina seemed to be of normal dimensions. At the full term of gestation I delivered her, without difficulty, of a living child.

The Following very Remarkable Case is reported by Prof. Rosenstein (Phys. and Surg.): A nine-year-old boy, for five weeks, had been seized every now and then with peculiar convulsions accompanied by loss of consciousness. The convulsions would terminate with the passage of fecal masses from the mouth. In the intervals the boy would seem quite well. The pieces of fæces were usually from 1.7 to three centimeters long. In one instance, however, a piece eighteen centimeters long was taken from the mouth. A clyster colored with alcanum was given, and subsequently the fæces passed from both mouth and rectum was colored dark-blue. Generally the fecal vomiting occurred at the close of one of the convulsive attacks. Sometimes there would be a stool simultaneously with the vomiting. Under the use of large doses of bromide of potash the attacks became less and less frequent. Prof. Rosenstein thinks that under the influence of a neurosis, resembling tetanus, there would be, during these seizures, a spasmodic stricture of the intestine, and from this stricture there would pass down and up, through the walls of the alimentary canal, a peristaltic and an antiperistaltic wave.

Dr. H. F. Walker spoke of a case of erysipelas migrans before the New York Medical and Surgical Society (N. Y. Med. Jour.) occurring in a child (female) two years and a half old. There was a slight fever for which he was unable to account until the following day, when the mother incidentally said that the child had a little difficulty and pain on urination. On examination, he found the left labium majus considerably swollen, and the case appeared to be one of follicular vulvitis. The next day, however, it became evident that it was erysipelas. It gradually extended down the left thigh and up on the abdomen, and, clearing up on these parts, continued to extend down the left leg to the ankle, and spread to the right thigh, where it pursued a similar course as far down as the ankle, when convalescence set in. Some small abscesses formed upon the lower limbs. He had seen but one similar case before, which also occurred in a female child, and the erysipelatous inflammation extended upward upon the abdomen, around upon the buttock and back, but not down upon the legs. In the first case mentioned, the child had been previously healthy; there had been no injury.

Kirchner, Roosa and others (Detroit Lancet) find that quinine causes hyperæmia of the membrana tympani and labyrinth. Weber, Liel, and Gruber find that in adults fifteen grain doses of quinine remove previously existing hyperæmia of the membrana tympani and lower the temperature of the external auditory canal. The difference between these two sets of observers can be explained by references to the doses, the former having employed small doses, and the latter large ones. We may then accept it as a fact that small doses of quinine produce congestion of the ear, and large doses anæmia. In this explanation we have an analogous action to that of quinine upon the eye. Here it has been

seen to produce in these doses anæmia or hyperæmia. Bearing this in mind, quinine can have a useful action in various diseases of the ear. In fact, our experience teaches us to value it very highly in two separate classes of affections. By it certain results can be more readily and effectively attained than in any other manner we are now acquainted with.

We Learn from the N. Y. Medical Journal that the eighth annual meeting of the American Gynæcological Society will be held in Philadelphia, at the Hall of the College of Physicians, on Sept. 18th, 19th, and 20th. The following papers are expected: Superinvolution of the Uterus, by Joseph Taber Johnson, of Washington; The Importance of Cleanliness in Surgical Operations, by Z. Stansbury Sutton, of Pittsburg; Some points connected with the subject of Dysmenorrhœa, by C. D. Palmer, of Cincinnati; An Unusual Form of Abdominal Tumor—three cases, by Thad. A. Reamy, of Cincinnati; Is Extirpation of the Cancerous Uterus a justifiable Operation? by S. Reeves Jackson, of Chicago; A Biographical Sketch of Dr. Nathan Smith, founder of the Dartmouth Medical College (President's address), by Gilman Kimball, of Lowell, Mass.; The Management of Accidental Puncture and other Injuries of the Gravid Uterus as a complication of Laparotomy, by Charles Carroll Lee, of New York; A New Method of Operating for Fistula in Ano, by Edward W. Jenks, of Chicago; Ergot: the Use and Abuse of this Dangerous Remedy, by Geo. J. Engelmann, of St. Louis; Congenital Fissure of the Female Urethra with Extrophy of the Bladder, and Menstruation after Extirpation of the Ovaries, by Henry F. Campbell, of Augusta, Ga.; Remarks on Chronic Abscess of the Pelvis, by Wm. H. Byford, of Chicago; A Discussion on Death after Labor will be opened by Dr. Campbell.

In an Article in the Deutch Med. Zeitung, Dr. Delhaes, of Teplitz, publishes some good ideas on the treatment of constitutional syphilis, and refers to the changes in the views which have taken place on this subject within the last twenty years in accordance with the advanced knowledge of the natural history of syphilis. Formerly it was regarded principally as a disease of the humors generally and the patient was accordingly put on low diet, purged, sweat and bathed, and then further reduced by the application of large doses of mercury, purposely salivated, and confined in tolerably warm and close rooms. To-day, on the contrary, we regard syphilis as originating in a fixed contagium, a peculiar germ of an organic nature which is not definitely known (bacterium?) and whose main tendency is to produce granulomata, of diverse intensity and extent. The primary sclerosis tends to disseminate itself by means of the lymphatic vessels. The neighboring lymphatic glands swell next by harboring the noxious agent, and finally it reaches the blood. Returning from there to the lymphatics it is retained in the several glands, causing these to enlarge also. The contagium multiplying in the system give rise to fever and general eruptions in the skin and muscous membrane, and the syphilis is then called constitutional. After the eruptions a seeming convalescence occurs, but somewhere the poison lies dormant—the primary sore has long since healed—and only occasionally, by circumstances which enhance tissue change, as warm bathing for instance, some of it reaches the circulation, producing new exanthemata until the processes gradually lose their acute character and assume the form of fibrous hyperplasias and gummata. Sometimes the patient recovers even now, but often sinks with symptoms of marasmus. Though syphilis is a chronic, insidious disease, depressing health for a long time, and in which neither the best care and repeated treatment nor apparent good health are a sure criterium of complete convalescence, yet it is a fact that most cases are curable. The treatment presently consists in carefully watching the patient. The first rule is, as with all sick, to give him all the advantages of good diet, favorably hygienic conditions (fresh air, cleanliness), which favors the normal formation of

blood and tissue. A weekly determination of the bodily weight will show best how we succeed. Smoking is to be reduced, and where lesions exist in the mouth entirely to be prohibited. The rooms of the patient should be large and airy, and attention paid to cleanliness, and also to frequent change of underclothing. The medical treatment has for its object the neutralization and excretion of the poison by the use of all remedies and procedures which tend to produce marked changes in the economy and enhance its tissue change. The experience of the last three centuries has taught that a careful treatment with mercury produces, generally speaking, the best results. Indeed it seems that mercury is not only a direct antagonist of the syphilitic poison, but seems to have a direct local influence on the diseased parts, as observations with subcutaneous injections in syphilides of the skin show. If there is an idiosyncrasy against mercury, or a general lymphangitis, rheumatism, headache, insomnia, bad teeth, or defective nutrition, then iodide of potassium is in place, which may be given two or three weeks, but if no improvement results we return to the mercury. V. Sigmund recommends a combination of the two. Other aids to treatment are the systematic use of warm baths. Sulphur baths have had a special reputation, but have no preference over the simple warm bath.

At the International Congress of Hygiene, of Geneva, the following resolutions were introduced by Prof. Corradi (London Medical Record): 1. The belief in the contagion of phthisis dates from the most remote antiquity, and held its ground not only in the opinion of the vulgar, but as a scientific doctrine. 2. In the second half of the last century this belief reached its apogee, probably because the disease assumed a frequency unknown in the past. In most places, the State was obliged to intervene and take measures in the interest of public health, with the hope of impeding the diffusion of the contagion. 3. In the first half of our century, on the contrary, the doctrine of contagion lost ground; anatomy and pathology being in the ascendant, etiology suffered. 4. In the last few years only has experimental pathology again taken up the question, endeavoring to give to the doctrine of contagion the support of experiments on the inoculation of tubercle. Further, it is believed possible to demonstrate that the poison is represented by a bacillus. 5. The problem so clearly put by experiment must be solved by clinical observation. To pathology it belongs to reconcile this doctrine with the fact of predisposition and heredity. 6. But if contagion and transmission be possible, the conditions yet remain to be determined. 7. Meanwhile, hygiene must comport itself in regard to phthisis as it would be with a suspected malady, that is, one capable of being communicated or transmitted under certain circumstances. 8. Especially must it consider the conditions of cohabitation. If cohabitation be less constant and intimate, there will be less risk run, and the exhalations of the sick, which, apart from any specific action, undermine the health and predispose to phthisis, will be avoided. 9. Although it is not certain that tuberculosis can be communicated in articles of food, it is nevertheless prudent to avoid the flesh and milk of phthisical animals. 10. It is necessary to exercise great care in the choice of vaccine lymph, whether from the calf or humanized. 11. The institution of special hospitals, or at least of special wards, is strongly to be recommended. 12. The results of new studies and researches, undertaken with the scope of determining the conditions and means of transmission of tuberculosis, will indicate the more special prophylactic measures it will be necessary to take. 13. Whatever opinion is professed as to the nature of phthisis pulmonalis, no one doubts the great advantage the resistance of the organism has in the struggle; and therefore one of the greatest obstacles to the diffusion of this scourge of civilization is to be expected from the practice of hygiene, which assures the moral and physical well being of the population.

A Physician of Paterson prescribed some quinine for a patient the other day, and the

druggist made up the powders by weighing them. In a fit of absent-mindedness he rolled up in a paper the little weights of the scales, and gave them to the messenger. The next day the doctor called to see his patient, a German woman, and asked how she was getting along. "I vos got along bretty goot," she replied, "aber I ton't know how much to take py dot funny meticines. Dose bills pe two dree sizes, und I can'd know py meselluf vich I shall take furst. I took dree or four leedle vons furst." The doctor asked to have the medicine shown to him, and was astonished to see the apothecary's weights. "Are these what you took?" he asked. "Oh, yah! Didn't I dolt you I dook dree or four? Und dem make me veel a crate deal besser already." The woman had actually swallowed the four smallest weights, and so strong was her imagination that she recovered health at once, and soon was at her work again. She is said to be a relative of the celebrated barber "by the Cooper's Institute."

A Series of Experiments on piperidin has been conducted by Fliess, and the Lancet gives the result of his researches as follows: If a dose of piperidin be subcutaneously injected into a frog, after a short period of unrest the animal remains remarkably quiet and no longer moves when the foot is pinched, and that this is not due to lesion of the muscles or to paralysis of the motor nerves is shown by the vigorous movements that are made if the sciatic nerve be stimulated by an induced current. Paralysis of the sensory nerves must therefore be the cause of the lack of response of the animal to sensory stimuli, and the question arises whether it is the nerve or the centre that is paralyzed. The loss of reflex excitability takes place about ten or twelve minutes after the injection of one milligramme of piperidin, and is so complete that even its contact with the eye fails to elicit any response. Recovery of the sensibility occurs at the expiration of twenty-four hours. It has been rendered probable by Kronecker's and Stirling's experiments that a single shock is insufficient to excite a reflex action, and that at least two are required, which must be separated by a short interval only. In his experiments with piperidin, however, Fliess found that the time which elapsed between two shocks in order that a reflex movement should be induced was not altered, but only that the shocks must be much stronger. Hence, he arrives at the conclusion that it is not the centre which is acted on by the piperidin, but the conducting agent—the nerve. The paralysis of the sensory nerves only occurred in those parts of the body to which the blood, impregnated with piperidin, was distributed; in any part of it protected from the action of such blood the sensory fibres retained their function. Further experiments demonstrated that the part of the sensory nerves on which piperidin acts is their peripheric termination. All the experiments proved that neither the muscles nor the motor nerves were in any way affected. Other results observed after the subcutaneous injection of one milligramme of piperidin were, that the frequency of respiration fell to one-half the normal amount—that is, from sixty to thirty-six and thirty per minute. Large doses led to the Stoke's phenomenon, respiration being interrupted for two to four minutes, after which the frog made from three to four deep inspirations. In regard to the cardiac beats, their number similarly fell to about two-thirds of the normal, from fifty-four to thirty-four per minute. Fliess further made some observations on the action of piperidin on warm-blooded animals, but did not find that its effects, in the rabbit at least, were nearly so well marked, even though fatal doses were administered, and this he attributes in part to the circumstance that piperidin oxidizes with extraordinary rapidity in the body. The frequency of respiration was considerably reduced, the number falling from two hundred to forty-eight per minute, while the cardiac beats rose from two hundred and twenty to three hundred and forty per minute, so that it would appear that the vagal centre was paralyzed. The pupil became widely dilated, and the heart, when death occurred, was arrested in systole.

THE FOLLOWING is published in Le Lyon Médicale: One of the questions which excites and interests physicians, both medical and surgical, is, the question of the influence of traumatism on certain diatheses and the influence of diatheses on wounds. At the Surgical Society (Lyons) certain discussions on the subject have at least ventilated the question. Writers on the subject take two distinctly opposite sides; some say tuberculous patients should not be operated upon, or at least operations on the tuberculous are useless; others claim on the other hand to have secured permanent relief from operations, and in some cases to have even cured the tuberculosis. After M. Verneuil and M. Deprés, who have advocated respectively the two opinions, M. Ollier has just furnished the results of his practice, extending over a period of from fifteen to twenty years. The discovery of the tuberculous follicle has established the similarity of the tuberculous and scrofulous affections. The tuberculous corpuscle of Lebert was at one time considered an element of considerable prognostic value, and the illusion was of short duration. Finally, attention was directed to la granulation grise; but it was soon seen that this was never found in the bones nor in the articulations. In fact, the tuberculous corpuscle of Lebert, granulation grise, the tuberculous follicle, are so many anatomical elements of absolutely no value to the surgeon as a basis for prognosis. All clinicians are agreed on this point. Consequently M. Ollier proposes, as a basis of prognosis, the rapidity of the development of the affection and the nature of the soil in which it evolves; these two points according to him must suffice as a guide to the surgeon. It must be borne in mind that to-day we understand by tuberculosis affections which to-morrow may enable us to differentiate. This point both the advocates and opponents of surgical intervention are too apt to forget. Every observer knows that tuberculosis presents itself under very different aspects; there are cases of malignant (grave) and benign tuberculosis, there are cases of general and local tuberculosis, and again rapid consumption, and cases which seem to be self-limiting. Disputants on the general question will never agree unless they understand each other on the points in dispute. It is on these clinical facts that M. Ollier says: There are certain tuberculous cases on which no operation is admissible; the least wound will but serve to stimulate the reigning diathesis; there are other cases on which, with special precautions, operations are justifiable; and again others on which it is the surgeon's duty to operate. Without antiseptic precautions no operation of any kind should be undertaken on the tuberculous. In one ward where M. Ollier lost thirty-five per cent of those operated, he has since made twenty-seven operaations on the bones in six months without losing a single patient and without seeing a case of unusual infection; consequently not only early resections should be made, but at a later stage of the disease, when the chance of a cure does not enter into the question, but simply as a means of relieving the sufferings of the patient. It must, however, be borne in mind that there is no such thing as a radical cure of a tuberculous patient. The deep and inaccessible ganglions are always more or less invaded in the advanced cases. However radical the operation, the source of the evil it is impossible to remove. It is none the less necessary to remove attainable sections when they are the special regions of disease, because these in their turn form a source of secondary infection. In thus removing these special foci of disease the patient is saved from chronic suppuration and a possible subsequent septicæmia. In this respect amputation is to be preferred to resection, because it more securely suppresses the source of infection. In presence then of a carious joint what is the surgeon's duty? The course of the tuberculous joint affection furnishes the key to his operatory procedure. If the joint affection is only a secondary and slow development of general tuberculosis which has already invaded the lungs and other organs, or if it is complicated with various localizations, or if there are variations of temperature which nothing explains, an operation is

not to be thought of. It is very important to differentiate tuberculous affections of the joints from cancer, and to remember that there are certain forms of tuberculosis which get well, some for a long time and some never to manifest itself again.

The General Organizing Committee of the Eighth International Medical Congress to be held in Copenhagen from August 10th to 16th, 1884, is composed as follows: President, Prof. P. L. Panum; Secretary-General, Prof. C. Lange; Secretaries, Dr. O. Bloch, Dr. C. J. Salomonsen, and Surgeon-General John Möller; Honorary Treasurer, Prof. E. Hansen Grut. The Chairmen of the different sections are: Anatomy, Prof. Chievitz; Physiology, Prof. P. L. Panum; General Pathology and Pathological Anatomy, Prof. C. Reisz; Medicine, Prof. F. Trier; Surgery, Prof. Holmer; Hygiene and State Medicine, Dr. E. Hornemann; Military Surgery and Medicine, Director General of the Medical Department of the Army, Salomon; Mental and Nervous Diseases, Prof. Steenberg; Obtetric Medicine and Surgery and Gynæcology, Prof. Stadtfeldt and Prof. Howitz; Diseases of Children, Prof. Hirschsprung; Ophthalmology, Prof. E. Hansen Grut; Diseases of the Skin and Syphilis, Prof. Haslund; Diseases of the Ear and Throat, Dr. W. Meyer. In order that the meeting of so many distinguished men may be as profitable as possible, the committee will adopt the plan followed at the last congress and communicate with the distinguished men of different branches and countries in order to prepare a programme. In order that the programme may be gotten ready as soon as possible, it is requested that all those who intend to participate should notify the Secretary-General before October 1st next. The programme and rules will be forwarded, as soon as possible, to everyone qualified to participate in the congress, who within the limited time has announced to the Secretary-General his interest in the congress, and his intention of particiting in it; and, if possible, which section he intends joining.

A Case recently tried in Michigan (Med. and Surg. Reporter) has given rise to a discussion as to whether arsenic, if injected into the stomach and bowels after death, will become disseminated throughout the various organs and tissues of the body. One would at first blush naturally assume the negative; but Drs. Victor C. Vaughan and James H. Dawson have made some experiments which seem to support the affirmative. They injected arsenic into the stomach and rectum of a large musk-rat, and of a human being, dead between two and three days; in each case, after an interval of twenty-five days, arsenic was found in appreciable quantity in all the organs. When we remember that arsenic is so often used as an embalming liquid, we can appreciate the importance of these experiments, which are corroborated by similar results in the hands of Prof. Kedzie, of the Michigan Agricultural College.

Dr. F. M. Brundage reports in the Medical and Surgical Reporter a case of a woman, aged seventy, who was troubled with pain in the right iliac region and constipation, the cause assigned being excessive indulgence in huckle-berries. After the symptoms had continued a week, the doctor was summoned, and detected a fluctuating tumor which occupied the entire iliac fossa. In four days an extensive opening was formed and a large quantity of stinking pus and huckleberry seeds was discharged. On the seventh day the finger was passed into the illum through the ileo-cæcal valve, and into the cæcum. Fæcal matter passed daily through the opening until it had nearly healed. Cicatrization was complete in eight weeks. The treatment consisted in placing the patient on the back, with the right side somewhat elevated and the right leg flexed. The diet was composed of bread and milk and beef-tea. The fistula was washed with carbolized water several times daily and was dressed with charcoal poultice. The rectum was evacuated daily by the finger. A hernia formed about the neighborhood of the cicatrix in a year, but the woman lived

five years, death being caused by an attack of cholera morbus.

THE DRUGGISTS' CIRCULAR translates from the Phar. Centralhalle: Dr. Mareau has been experimenting upon the rationale of the antidotal action of turpentine in poisoning by phosphorus, and has come to the following conclusions: When phosphorus is introduced into the system it is oxidized there at the expense of the blood, forming hypophosphorus, phosphorus and phosphoric acids. Death is not caused by these oxides of phosphorus, but in their formation from phosphorus. Breathing ceases because this transformation takes a considerable quantity of oxygen from the blood, and moreover the blood corpuscles that have been attacked are not able to take up any more oxygen. Ordinary oil of turpentine prevents the poisonous action of phosphorus, because it opposes its oxidation by forming one or more compounds with it that are not poisonous, not greedy for oxygen, but are eliminated with the urine. The most remarkable of these is terebenthine-phosphorous acid. For the turpentine oil to be effective it must contain active oxygen; as this is not the case with rectified oil of turpentine, this explains why it fails to act as antidote to phosphorus. According to Rommelaere, fifteen to thirty centigrammes of phosphorus, when introduced into the stomach, will cause fatal poisoning. Oil of turpentine should be given without vehicle in doses of a gramme each, every half hour, for two or three hours, then at longer intervals, according to the condition of the patient. The use of all alcoholic liquors must be forbidden at this time. Mucilaginous drinks and water may be allowed.

DR. SQUIBB IN HIS EPHEMERIS, after expatiating on the physical properties and impurity of chromic acid, continues: The reason why the amount of sulphuric acid present should be small and be definitely limited, is very easily understood. In medicine chromic acid is used only as a caustic or escharotic, and it is perhaps the most important and most valuable of all the erosive caustics, and for one simple and characteristic reason, namely, that it is self-limiting in its action in a degree that no other destructive caustic is. It is an active oxidizing agent, and destroys the tissues to which it is applied by oxidation. Thus far its action is similar to that of other caustics. such as nitric acid, for example. But every molecule of chromic acid which destroys a molecule of organic tissue is itself destroyed and rendered inert by being reduced to an insoluble and inert oxide of chromium; and this principle and degree of self-limitation is not obtained from any other caustic. Sulphuric acid is also a destructive caustic, but not in the same way nor by the same reaction as chromic acid, and it is not self-limiting. Both the sulphuric acid itself and the products of decomposition by it are more continuously and injuriously irritant. It is therefore a more painful caustic than chromic acid, and produces deeper, more prolonged, and more irritable sloughing. Hence it is that sulphuric acid is a painful caustic while chromic acid is not. That is, both may produce severe pain, and possibly for a short time equally severe pain; but the self-limiting action of the chromic acid carries its self-limiting effect to the pain also, so that both the action of destruction, and the pain also, are comparatively soon over, and the vital processes go on to separate the slough at once and with little secondary or after irritation. Hence, the importance of having the proportion of sulphuric acid in the chromic acid as small as practicable and definitely limited. A little sulphuric acid is always present in chromic acid as an unavoidable accident from the process of manufacture, but from want of skill or from carelessness there is often more left in than should be, while the process by which it may be all removed is troublesome, expensive and unnecessary. Chromic acid is rarely, or perhaps never well used in the solid form, because its application cannot be properly limited nor quantity properly adjusted. It is therefore the practice of the best surgeons who are most skillful in its use to liquefy the acid, as soon as they get it, by

the addition of water. And as it is needed as strong as possible, so that the smallest possible quantity can be used in an application, the smallest quantity of water that will liquefy it should be added. Some surgeons are in the habit of taking a one ounce vial of the acid and adding to it half a fluid ounce of water. This liquefies all or nearly all the acid at first, but on standing till cold (the solution having heated up the mixture), a small proportion of the acid crystallizes out and serves to keep the solution fully saturated until it is all used. This is a very good method of managing it, but perhaps a better method is to first add two fluid drachms of water, shake well, allow it to settle for a minute or two, and then pour off all this solution and throw it away. Then add to the remaining crystals in the vial one and a half fluid drachms of water, when the solution will be saturated as by the first method, and a small proportion of crystals will generally remain undissolved. The rejected portion of the solution will contain nearly all the sulphuric acid which was present, and will leave the remainder in the best practical condition for use, that is almost free from sulphuric acid. The solution is perhaps best applied by means of a glass rod with a smooth end. This will safely carry about half a drop at a time, and may be used as often as needed and with any desired amount of friction upon the parts, but the rod should be dipped in water and dried in a cloth each time before being dipped again into the bottle. A glass brush carries much more of the solution at a time, but generally too much, while it is not easy to get it out of the brush in definite or limited quantity; and friction with the brush is liable to leave spiculæ of glass upon the surfaces. Small pellets of cotton—especially gun cotton—or small pieces of sponge, on a probe or in a forceps, serve well to apply the solution, but these should not be dipped into the supply bottle, because they leave a portion of their decomposed material in the bottle to damage the remainder of the solution, the solution being almost as destructive to cotton and sponge as it is to neoplasms. The round smooth end of a glass rod is perhaps the best means of application, and if the surfaces be well dried beforehand, the application of a small quantity can be nicely limited and controlled. And by the application of small quantities at intervals of say twenty-four hours, thin and limited exfoliation of diseased tissue may be repeated to any desired depth, and the healthy surrounding parts be subjected to the least practical destruction or irritation. Solutions of chromic acids are very powerful disinfectants and deoderizers, even when quite dilute; but like those of permanganate of potassium they discolor everything so badly as to obstruct and limit their use to cases wherein other means fail. Chromic acid stains the skin and clothing very badly, and the stains are often almost indelible. Indeed, a very good indelible ink for marking linen is made from chromic acid. Diluted hydrochloric acid, in the proportion of about one part to two of water, is the best thing known to the writer for removing these stains, but it will only remove them easily when they are recent and not too deep.

In the British Medical Journal Dr. Hamilton supplements his previous experience with sponge grafting. He has found that this plan of promoting the healing of wounds or ulcers is best carried out by using thin layers of sponge, not thick enough to interfere with drainage. One of these is applied with some pressure over the granulating surface, than which it should be somewhat smaller so that it will not quite reach to the young epithelial border, otherwise it may be undermined at the periphery. As soon as this sheet of sponge has been appropriated by the granulations, another is superadded, so as gradually to build up the wound. He has found the freezing microtome of the proper size to furnish the best way of obtaining these sections of sponge. When the ulcer or wound is in the lower extremity, he recommends moderate exercise, in order to favor the turgidity of the capillary loops and increase their functional activity, so as to stimulate the granulating process and favor the healing of the wound.

CONTRIBUTIONS.

LARYNGEAL PARALYSIS FROM ANEURISM.

BY WILLIAM PORTER, M.D.

[Dr. William Porter, in a paper presented to the American Laryngological Association, which will appear in Archives of Laryngology, October, 1883, reports three cases of thoracic aneurism, in which in one the first evidence of the lesion was gained by laryngoscopic examination, and in all the first subjective symptoms were the laryngeal involvement. In all of the cases the sphygmographic tracings were characteristic.—Ed.]

1. M. S., æt. forty-two, railroad agent, was first seen early in 1881. His chief subjective symptoms were slight dyspnœa and hoarseness. His voice was uncertain, at times some tones higher than natural and often harsh and rough. Until within two months he had been in good health, excepting several mild attacks of rheumatism. The increase of voice difficulty had been gradual, and he had been under treatment for chronic laryngitis. After the most careful examination of the chest, nothing could be detected abnormal, except a little increased bronchial respiration on the left side. There certainly was neither bruit, thrill nor increased area of dullness. With the laryngoscope the left vocal cord was found to be fixed in nearly the median line. There was also some congestion, probably from the increase of effort required in speaking. During phonation the right cord was advanced beyond the median line so as to meet the fixed cord of the other side. There was evidently pressure upon the trunk of the left recurrent nerve, destroying the function of the filaments supplying the abductor of that side. Further than this, the pressure did not completely involve the nerve, as the abductor filaments were uninjured. The diagnosis of aneurism of the aortic arch was strengthened by the sphygmographic tracing of the left side. While on the right side the record was normal, on the left were very imperfect secondary waves; a sloping up-stroke, and diminished impulse. This seemed to limit the site of the lesion to the transverse portion of the arch. It is needless to narrate fully the progress of the case. In a few months the presence of aneurism could be demonstrated by direct examination. As the pressure became greater an interesting change took place in the larynx. In place of the fixation of the left cord near the median line, it gradually receded to the "cadaveric position" of Ziemssen, and the dyspnœa was relieved, though the voice became weak and at times inaudible. The patient died from rupture of the aneurism in the autumn of the same year at his home in Ohio. 2. E. H., an officer, forty years old, and robust in appearance, consulted me last year on account of difficulty in speaking and shortness of breath. These symptoms had come on rather suddenly after violent exertion, two weeks previously. There was very plainly to be seen a fixation of the left cord in the median line, with a certain diminution of tension. When resting, respiration was carried on easily, but upon exertion it became more difficult. The sphygmograph gave tracings similar to those made in the preceding case. Although there was absence of direct physical evidence the diagnosis made was aneurism of the transverse arch. So great has been the progress or symptoms that at this date the correctness of this opinion is readily proven; the thrill increase of area of dulness and aneurismal bruit are all present. The laryngeal condition is but little changed. 3. In April of the present year Mr. T. J. E. was seen, a cotton-planter, æt. thirty-four, whose chief symptoms were harshness of voice and at times shortness of breath with marked stridor. Until three months before he had been well, though fourteen years ago he had had syphilis. With the laryngoscope the right cord was seen fixed nearly in the median line and slightly congested; otherwise there was nothing abnormal. Over the site of the ascending aorta there was some thrill and impulse, and slight bruit, which was conveyed along the right subclavian, though it was not in the region of the left. An increased area of dulness was well defined. The bronchial respiration was unusually distinct over the lesion, the sounds being better conducted by the denser tissue, though there seemed to be no obstruction to respiration. The sphygmograph showed the deviation from the normal usual in cases of aneurism. In this case, however, the record of each radial artery was altered, the change being to some extent greater on the right side when the dicrotism had almost disappeared. This evidence and the direct physical signs led to the belief that the laryngeal paralysis was due to pressure upon the right recurrent nerve by an aneurism, and that of the ascending aorta, or of the arteria innominata close to the aorta. Certainly it is not the rule to find pressure upon the right recurrent nerve from aneurism in such location. Still there was at least

partial proof of the aneurism ;—it was either of the ascending arch or near enough to affect the circulation of both sides, and there was no other apparent cause for the laryngeal paralysis, which was of the same side as was the chest lesion. The paralysis was accounted for in this way, and thus far no information has been received of change in the symptoms as here given. In the three cases reported it is somewhat interesting that in all of them the laryngeal condition was the first subjective indication of grave trouble, though in the last there was corroborative direct evidence of the thoracic lesion. In the other two there were neither subjective nor objective indications of aneurism at the first examination, except that given by the laryngoscope, and sphygmograph. It is not unknown that aneurism may exist without an appreciable bruit or impulse, but both of them, as well as increased area of dulness, are generally present when there is lesion enough to produce pressure upon either recurrent nerve. In all of these cases, as is generally true, the abductor filaments of the recurrent nerve were early affected; in the first, however, the abductors were afterward involved, as indicated by the change in position of the cord. The sequence of symptoms following the more complete involvement of the recurrent nerve was very interesting, especially the effect upon voice and respiration as the cord receded from the median line to the so-called "cadaveric position." This is neither the time nor place to discuss the value of the sphygmograph in such instances as these just noted. It may not always give evidence of existing lesion, but where certain well known deviations from the normal tracing are obtained, we have an additional and it seems trustworthy aid to diagnosis. The importance of a laryngoscopic examination has been often urged and is fully understood.

HYPODERMIC MEDICATION IN CHOLERA.

BY WALTER COLES, M.D., ST. LOUIS.

In view of the possibility of an invasion of our country by cholera, it is in order to direct attention to a few practical thoughts in connection with this disease. Without going into a detailed review of the various theories which have been advocated as to the pathology and treatment of this malady, it is sufficient to say that until the former is definitely settled, the latter must be necessarily more or less empirical. And, as a matter of fact, we know that its treatment has hitherto been pre-eminently wild and experimental. There is probably no other known disease for which more so-called "specifics" have been recommended, and certainly none other which has behaved with greater obstinacy and uncertainty under medication. Notwithstanding this, however, I feel confident that the great mortality which has attended past epidemics of cholera in this country will never again occur, or at least need not occur.

In the first place, sanitary science has made much practical progress since the last epidemic in our midst, and while cholera germs may be more rapidly transported (owing to improved methods of travel), they will be less readily diffused under vigorous hygienic precautions. The transportability of the disease along lines of human travel and traffic is a fact beyond dispute, and hence we are prepared to appreciate and enforce the strictest quarantine.

Then again, we ought to be able to treat cholera more successfully than in times past. Our therapeutic armamentarium has gained many accessions of late years, and surely we ought to find some improved weapon with which to combat this terrible scourge.

In this connection I desire to call attention especially to the hypodermic method of treating this disease, as offering the only direct and certain means of introducing our remedies into the circulation of such patients.

Those of us who have been through cholera epidemics, and who have thus had opportunities of observing the clinical history of such cases, will readily recognize certain peculiar features in this disease. One of the most striking, is, as a rule, the insidious mode of attack. With rare exceptions, cholera is ushered in with a painless diarrhœa—followed after a few hours by vomiting. Sometimes vomiting and diarrhœa set in together. Occasionally slight nausea and vomiting precede the diarrhœa, while in very rare instances the alimentary canal is apparently paralyzed at the start, and there are few or no evacuations. In such cases the serous effusion from the blood and tissues is found in immense quantities in the bowels and stomach after death, which is brought about in the same manner, whether their contents be discharged or retained.

The prominent clinical feature in cholera is the rapid drain upon the system, whereby the blood is robbed of its serum and salts, and the contents of the depleted vessels left thick and almost motionless. After the disease has once fairly developed, and serous purging and vomiting been fully established, there is little hope of absorption by the stomach, or indeed in any portion of the digestive track. The tendency is all in the opposite direction, the lifetide is ebbing away in the shape of *exudation;* there is no counter-current.

Without stopping for the present to discuss the probable pathological cause of this condition of things,it is sufficient to say that such is the fact, which no sensible medical man will deny, and hence it would seem to follow as a necessary corollary that oral medication, of whatever character, must be essentially unreliable in this disease. And experience but confirms this view. The common run of mankind make the fatal mistake of first neglecting what they suppose to be an innocent diarrhœa, and then depending upon some popular "cholera mixture," until it is too late. Theoretically, these "mixtures" may be excellent; many of them may have been endorsed by the family physician, and hence are relied upon all the more explicitly. But unfortunately each dose is vomited up as soon as swallowed, or else it remains in the stomach, unabsorbed, and producing as little effect upon the patient as though it had been pitched out of the window. In this instance the medicine may have been good enough, but the trouble is that the patient has received no benefit from it, for the reasons just stated. Were a single dose duly absorbed, however, thus reaching the nerve centers, the disease would probably be arrested, provided collapse had not already set in.

The importance of the hypodermic syringe as a remedy and sure means of supplementing the crippled absorbents thus becomes manifest. And I do not hesitate to say, judging from my own experience, that a timely and judicious resort to this instrument will rob cholera of many of its terrors. We are thus certain that the patient gets the benefit of the remedy indicated, provided the circulation is sufficiently active to take it up and diffuse it throughout the system. On the other hand, when taken into the stomach, we can never be sure of this, while the probabilities are all against it, and hence we are losing valuable time in depending upon any such delusive hope.

However satisfactory oral medication may be in the early stages of simple choleraic diarrhœa, I have, for the reasons stated, ceased to rely upon it after vomiting has fairly commenced. During the latter part of the epidemic of 1866, and in 1873, I resorted to the hypodermic syringe in all cases after the ingesta in the stomach had been thrown off and there was serou vomiting. The result upon the whole was most gratifying; in a large majority of cases, where the disease had not progressed as far as collapse, the symptoms were promptly arrested by the injection of from one-sixth to one-tenth of a grain of sulphate of morphia under the skin. But little else was needed, except, in some cases, placing a large sinapism over the stomach, surrounding the patient with bags or bottles of hot water and covering him warmly. Patients thus treated would generally fall into a healthy and refreshing sleep, upon awakening from which, reaction would have been established, all pallor gone, and with no further disposition to vomit or purge.

I experienced the benefit of this treatment in my own person in 1873, when I was attacked with cholera in the evening. My bowels had been running off all day, though I felt well, and visited several cholera patients. About 8 P.M. I was seized without premonition with a slight nausea, accompanied by profuse serous vomiting and purging. In less than half an hour I was completely prostrated, and rapidly falling into collapse. In the meantime I sent for my neighbor, Dr. Pim, who, at my request, injected one-eighth grain of morphia into my arm. My feet were immersed in a hot mustard bath, after which I was covered with blankets. With the exception of distressing thirst, I was not disturbed in any way during the remainder of the night. In a few hours complete reaction took place, and within twenty-four hours I was convalescent.

Although many patients,when thus treated early in the attack, recover with astonishing promptness, such is not always the case. Reaction is sometimes apparently excessive, and a fever, which is difficult to account for, may supervene and sometimes last several days or weeks. This febrile condition is not unfrequently accompanied by suppression of urine, which may end in death. The liability to this kidney complication has evidently a relation to the degree of depletion to which the system has been subjected, and hence is seldom or never witnessed when the disease is arrested in its incipiency; the first effect of cholera being to weaken the heart and reduce the volume of blood, thus diminishing the blood-pressure on the renal glomeruli, a condition which Traube, Fothergill and others have pointed out as accounting primarily for the suppression of urine. Since these secondary dangers are chiefly confined to cases which have passed through what is known as the algid stage, the importance of losing no time in checking the disease before reaching this point becomes, if possible, still more manifest.

While opium is the sheet anchor of hope in the preliminary diarrhœa, it loses its efficacy as the patient sinks into collapse, and when that dread stage supervenes we must look to other means of saving life. When collapse is complete, and the pulse is no longer perceptible at the wrist, morphia is of little or no avail. If we reflect for a moment on the condition of the system, we perceive that the cardiac and vaso-motor centers are paralyzed, and the heart is no longer able to propel the thick and dark mass of blood; what little of vitality there is, is almost completely suspended; the relaxed capillaries of the stomach and bowels are filled with the stagnant, solid remnants of blood. No medicine can be absorbed from within, and the only hope is to introduce directly into the circulation some agent

capable of stimulating the vaso-motor system. The experiments of Harley have shown conclusively that belladonna has the power of thus acting, and that it actually does impart an impulse to the languid circulation in choleraic collapse, has been pretty definitely established. Not only does the subcutaneous injection of sulphate of atropia cause temporary contraction of the capillaries, but it stimulates the heart and lungs in such manner as to enable patients in many instances to tide over a crisis. I have witnessed some striking illustrations of this fact. True, the temporary revival of vitality may sometimes prove delusive, yet results in the past justify hope in the future.

In a number of cases I am satisfied that I witnessed marked benefit from the combination of a small dose of atropia with morphia (hypodermically), when patients were verging on to collapse, the atropia being added for the purpose of procuring its primary stimulating effect.

The late Dr. Hodgen, of this city, made a few interesting observations in the treatment of cholera collapse, some twelve or fifteen years since, which should be mentioned in this connection. I regret that I have not Dr. Hodgen's published statement at hand, but the substance of it is this: he administered atropia subcutaneously, and while the capillaries were under its stimulating influence, he injected the lower bowel full of artificial serum—warm salt and water—in the hope that this might prove a favorable moment for its absorption into the thirsty blood-vessels. The doctor made only a limited number of experiments, but with encouraging results. The idea is certainly sufficiently plausible to merit further trial. The same end has been attempted by the more direct method of transfusion; warm water, milk, etc., having been employed, with some good results.

Of course it is not contended that every case of cholera can be saved by hypodermic medication, or by any other means, for some seem so malignant as to go on to death in spite of everything. Many are too far advanced before a physician sees them to render his efforts of the least avail, while others die of secondary complications even after the vomiting and purging are checked. But, notwithstanding these admitted facts, many valuable lives can be saved by judicious advice to the people, warning them against placing too much reliance upon cholera mixtures and other domestic remedies.

The public should be taught through its health officers, as well as by all resident practitioners, that every diarrhœa, however simple, is a matter deserving of attention during the prevalence of a cholera epidemic, and that in all such cases a physician should be consulted if possible. It is to a neglect of such precautions, through ignorance or carelessness, that a large proportion of the great mortality in cholera is due. Numerous instances confirmatory of this statement can be doubtless recalled by every physician who has seen much of this disease.

SELECTIONS.

PALATABLE DRUGS FOR CHILDREN.

BY FREDERICK CHURCHILL, M.D., F.R.C.S.

[British Medical Journal.]

We owe it, probably, much to the persistency with which practitioners of the sterner sort have impressed their rhubarb and black draughts upon rebellious children, in defiance of the protestations of nurses and mothers, that "the tasteless globule" has found such favor with the weaker sex. I could tell of several cases where the children have been entrusted to the care of a homœopath, while the parents luxuriate under the usual heroic treatment of the orthodox practitioner. We must not forget to swim with the tide. Children of this enlightened age are far more pampered and spoilt than those of the previous generation. Mothers seem unable to control their feelings; or, it may be, that, with a smattering of physic-lore, they find that there is no longer any necessity to cling to the once inevitable and nauseous potion. We must say a word, too, for the children. None of us like compulsion. It must not be forgotten that there is often more harm done to a child's nervous system, by cramming the draught down its throat, than all the good the nauseous drug was supposed to effect. Children will often take days to recover their equilibrium after a protracted encounter with the medicine-glass in the nursery, under the stern discipline of a would-be conscientious nurse. Judging from the varied suceptibilities and dispositions of the children under my care, some of them having very resolute wills, others possessing—I cannot say endowed with—mothers of a pronounced æsthetic temperament, to whom everything is a bore, except a novel to read and a sofa to lie upon, it becomes most important to formulate a line of treatment that will satisfy such requirements.

This class of children are generally ruled by a domineering old woman they call "nurse," displaying a maximum of "tall talk," with a minimum of what she delights to call "common sense" (and very common, indeed, it proves to be). The medical man must cultivate a habit of attacking such a stronghold of prejudice and conceit by a series of carefully planned flank movements, in such a way that the nursery magnate may be drawn, against her own convictions, into a pliable frame of mind, sufficient to enable the medical man's physic and regimen to stand a chance of being attended to.

To attempt to invade the sanctum of a nursery where the lady-paramount is cajoled into the idea that "nurse is a treasure," and prefers rather to foster the notion, than to care to have her eyes opened to the actual state of reigning ignorance, requires all the practical art of the medical man gradually to overcome and remedy.

Undoubtedly the ailments under which children for the most part suffer, belong to the preventable class. They are due sometimes to overfeeding; very often to neglect, especially of the calls of nature; and very much to general bad management. With this view, it may be well to presume that the best and most approved mode of treatment for habitual torpidity of the bowels is not medicine, but an enema of soap and water, with occasionally a little castor or olive oil added to the injection. If this do not succeed, and the child's appetite begins to fail, it is an indication for administering medicine by the mouth.

Fortunately, the art of the apothecary comes in to our aid, and we are now enabled to give the most nauseous of drugs—castor oil—absolutely free from taste and smell, while it retains the aperient properties of ordinary castor oil. Messrs. Allen and Hanburys themselves advise that it should be shaken up with three or four times its bulk of hot milk. The viscidity of the oil is thus avoided, and the emulsion produced is scarcely distinguishable from warm rich milk.

If it be desirable to administer an aperient that will act more directly on the liver, and to avoid the unpleasant effects which often arise after taking "oil," the compound rhubarb pill will be found a serviceable aperient. Of course, some new method for its administration will be desired, which I shall now detail. Either an ordinary five-grain pill may be cut up, and a portion of it broken in small pieces may be buried in a chocolate-cream, which the youngest child will take with avidity; or for children of, say five years and upwards, I have given one-half and one-fourth of a grain of this pill, thinly coated. Half-a-dozen or so may be taken, like "hundreds and thousands," and washed down with milk and water.

The medicated fruit lozenges are very useful, *e. g.*, tamar indien and laxora lozenges. Podophyllin is probably one of the active ingredients in these lozenges. Only a small portion of a lozenge must be given to a child. The objection found with these is that they sometimes "gripe" the little patient. Next to these, perhaps, in efficiency and palatability is the compound liquorice powder, containing senna powder. About a teaspoonful stirred up with warm milk may be taken at bedtime, and a little chloric ether added (about ten to twenty drops). Very few children will object to take fluid magnesia or the calcined magnesia, especially if flavored with the syrup of mulberry or orange.

I have succeeded in masking the taste of many powders by the addition of powdered "rose" lozenges. I very seldom prescribe Gregory's powder, on account of its nauseous character and bulk. I prefer to combine the rhubarb with bicarbonate of soda, about five grains of each. This makes a much more miscible and manageable powder. Given in jam, honey or golden syrup, the taste is altogether covered.

Children will sometimes take the "baume de vie," or decoction of aloes, without objecting much. A little of this rubbed into the stomach of infants will suffice sometimes to procure an action of the bowels. The extract of liquorice may be added to the decoction until the bitter taste is sufficiently masked. Children have not really such an aversion to it, for I have known them to lick off the aloes from their fingers when put on to prevent them from sucking them. Powdered aloes, about half a teaspoonful, may be given mixed with brown sugar. The electuary of senna is taken without difficulty by some children, also the syrup of senna and the infusion with prunes. The effervescing purgative lemonade is a very agreeable drink, as also half a seidlitz powder flavored with lemon juice.

Turning now to febrifuge mixtures, there is not much need of flavoring to mask the flavor of these. Sweet nitre, acetate of ammonia, spirits of chloroform, are all pleasant drugs to take. The nitrate and chlorate of potash are rather saltish, but the sal prunelle and Wyeth's compressed tablets will be taken by the bigger children without much protest. The syrups of orange, lemon, and mulberry, will come in as agreeable and cooling adjuncts. Cough-mixtures can generally be made very pleasant by the addition of syrup of squills of tolu, etc.

As regards tonics, some considerable skill will be necessary efficiently to cover the bitter flavor. Children will take the saccharated carbonate of iron very well, and also steel wine; but if we attempt to give the bitter infusions, there is sure to be rebellion in the nursery. Quinine—one of the most valuable medicines for children—can be given without difficulty, either in the form of pill or, which I prefer, dissolved in syrup of orange, without the addition of any water. This effectually covers the flavor. Quinine wine is useful for the elder children.

Chemical food is, of course, taken with relish, and if recently made is a serviceable tonic; but the phosphates, from their insolubility, throw down very much. The compound solution of the hypophosphites, in ten-minim doses, and the hypophosphite wine, forms a perfect substitute for Parrish's food. Besides having iron, in a form which

is easily absorbed, the hypophosphite of magnesia serves as a useful antacid and stomachic in this combination.

With a view of putting into practical form these few suggestions, and to systematise the irregular but constant attempts of mothers to keep a little dispensary of their own, I have instructed Messrs. Savory and Moore to fit up a nursery medicine-chest, with a companion guide, to assist mothers, especially those residing in the colonies and far away from medical aid, to treat their own children in such emergencies.

CASE OF CO-EXISTENCE OF DIPHTHERIA AND TYPHOID FEVER.

BY G. E. PAGET, M.D., F.R.S.

[British Medical Journal.]

The recent illness of the Postmaster-General may add interest to the following case. The patient was Mrs. J. K., a married woman, about twenty-eight years of age, living in Manor Street, Cambridge. Three days before her illness began, one of her children had died of diphtheria, two of them having been affected. Mr. Carter, who attended them, had no doubt as to the diagnosis. The children had sore-throat, and exudation upon it.

When I first saw Mrs. K. (on December 14th 1861), she had been confined to her bed about a week. From Mr. Carter I learnt that her illness had begun with sore-throat, and that there had been small white diphtheritic patches upon the throat. When I examined it, I could find none, nor any signs of diphtheria; but upon her abdomen were some of the rose-spots characteristic of typhoid fever; and at the base of her right lung, to the extent of two or three inches, the percussion-sound was dull, and small crepitation could be heard. She was feverish; her pulse was 130, her bowels loose. She was in the seventh month of pregnancy.

For six days she continued in much the same state, as an ordinary case of typhoid fever, with moderate pneumonic complications; her bowels loose; her pulse above 120; her tongue dryish; and a general condition requiring wine and brandy. During these six days, her throat remained free from diphtheritic appearances; but on the morning of December 20th it again became sore, and in the evening the uvula and soft palate were covered with a white exudation, the adjacent parts being bright red. Her pulse then became a little less frequent, falling to 116. Chlorate of potash was now prescribed in small frequent doses, and next day tincture of perchloride of iron. On December 28th, her urine contained albumen. The exudation, after its reappearance on December 20th, was seen from day to day; it had a diphtheritic character, and was very extensive. It was still present, though somewhat reduced in extent, on January 2d. When I saw her on January 5th, it had been completely cleared off.

Early in January, she began to suffer much from retching and vomiting. She was troubled also with cough, The right lung was consolidated at its base, but to a small extent only. The vomiting so persisted from day to day as to bring her into great peril. On January 20th, the liquor amnii escaped. Active delirium now came on, and continued for upwards of twelve hours, when she suddenly aborted of a seven months' child, which lived half a day. The mother nearly died during the removal of the placenta, though scarcely any blood was lost. After labor was completed, the vomiting ceased, and she gradually recovered.

Mrs. K. had been nursed during her illness by her mother, Mrs. S., aged fifty-eight, who lived in the outskirts of Cambridge, in an isolated cottage within a large garden. On February 14th, 1862, she took to her bed with typhoid fever. She had the ordinary symptoms: the rose-spots, loose stools, etc. She went on favorably until March 13th, when, after sitting up near an open door, she had rigors, ushering in double pneumonia and hæmorrhage from the bowels. She died on March 24th.

The chief interest of Mrs. K.'s case is in the disappearance of the local signs of diphtheria, and their suspension for six days during the continuance of the typhoid fever, and then their reappearance and persistence for thirteen days or more. This appears to me a fact, not perhaps contrary to what might be expected, but at least worth notice. It differs from what was reported in the case of Mr. Fawcett.

Nine years previously, I had attended a severe case of typhoid fever in the same house, in Mansor Street, in which Mrs. K.'s illness occurred. The patient was a young man of a different family.

The recorded cases of co-existence of diphtheria and typhoid fever are not numerous. If they were, they would afford some countenance to the view, that the poison of diphtheria is identical with that of typhoid. It is, of course, conceivable that they might be. But so many epidemics of typhoid fever occur without diphtheria, and so many of diphtheria without typhoid, that the evidence at present is strongly against the identity of these essential causes.

THE TREATMENT OF EMPYEMA: FREE INCISION VERSUS ASPIRATION.

BY JOHN WARD COUSINS, M.D., LOND., F.R.C.S.

(British Medical Journal.)

The great improvement in the surgical treatment of wounds has been especially utilized in the man-

agement of chest operations. During the last few years, free incision in empyema has been extensively and successfully employed, although many surgeons still regard it as a radical measure, and are disposed to try other modes of procedure before resorting to it. It is now a well recognized rule of practice, that any collection of pus within the pleural cavity must be evacuated outwardly without loss of time. The moment for operating in each case must, of course, depend upon the judgment of the surgeon. The occurrence of dyspnœa, and cardiac distress, are always positive indications for immediate action, for delay may suddenly be followed by fatal syncope, or the abscess may burst into the bronchi, and cause suffocation.

When, however, the necessity for some operation has been decided, and the diagnosis of purulent effusion made certain by exploration, the practitioner is sometimes in doubt as to the best method of proceeding. He has to make a selection between tapping with the trocar and canula, evacuation by the aspirator, simple puncture, or free incision of the chest-cavity with the knife. In a valuable paper recently published in the British Medical Journal, Mr. R. W. Parker proposes a novel method of aspiration, which he suggests should be adopted before proceeding to the radical operation. He advocates the trial of aspiration, supplemented by the injection of purified air into the pleural cavity for the purpose of ensuring the complete dislodgment of the fluid. During the last few years, a somewhat similar method of clearing out the chest by the injection of air and disinfecting fluids has been practiced by Continental surgeons. The ordinary aspirator often fails, and the tube becomes blocked up with shreds of fibrine and flaky masses; and so a force beyond the elasticity of the walls of the cavity, and the power of the evacuator, is necessary to expel the fluid through the narrow outlet.

But the question to settle is whether, after all, aspiration is the best and safest method of emptying the chest in empyema. Aspiration is a prolonged operation; and this is a serious matter for consideration when the patient is in a condition of exhaustion and distress. The operation, too, must be repeated several times in ordinary cases, to remove the reaccumulation of pus which is sure to occur. There may be exceptional cases, as Mr. Parker suggests, in which a preliminary procedure is admissible, from the extensive nature of the effusion, or the critical condition of the patient; still, it must be remembered that free incision is the measure which, in the large majority of cases, must at length be adopted.

On the other hand, free incision requires no repetition. It can be safely practiced at every period of life, and for every variety of empyema—associated, of course, always with Listerian precautions. The little operation can be rapidly performed with my antiseptic trocar, which is convertible into a probe-pointed knife without withdrawal from the chest; and, when performed in this way, it is certainly not a severe measure. In many cases, the ascent of the diaphragm and the contraction of the walls of the cavity are sufficient to drive out the imprisoned fluid; and then, during the after-treatment, the abscess can be kept open by careful drainage, attention to position, and the judicious application of disinfecting remedies.

There are cases, however, even after the operation of free incision, in which it is difficult to empty and deodorise the pleural abscess; for the presence of a little stagnant pus is quite sufficient to keep up a foul condition of the cavity. Sometimes shreds of fibrine and membranous exudation, infiltrated with purulent deposit, obstruct the discharge, and gravitate to the dependent parts of the sac; and thus the cleansing process is rendered a very troublesome matter, even with frequent disinfecting washings. It is often a good plan, under these conditions, to employ a syringe fitted with a long and flexible tube, that can be introduced to the bottom of the pleural cavity, and thus to remove and wash away the fluid which has accumulated at the lowest part.

In other cases, the abscess-cavity is irregular, and is subdivided into several sacs by the remnants of old adhesions, or by bands of recent lymph; and it appears to me that, especially under these circumstances, the injection of purified air is likely to prove of great practical utility; and, for this method, the pleural incision can be readily made air-tight by an Indian rubber pad. Mr. Parker suggests "that the air should be injected into the pleural cavity in sufficient quantity to expel all the fluid. The moment the out-flow ceases—provided always the physical signs indicate that the cavity is not emptied—introduce the needle, and pump in a little air." Now, with ordinary care, this little operation will be free from all risk and danger to the patient, and the purified air can be steadily injected so as to avoid any sudden and severe increase of pressure; otherwise, uniting surfaces and freshly formed adhesions may be torn asunder, and the healing process of contraction may be seriously disturbed.

CASE OF PERICARDITIS, WITH EFFUSION.

[CONCLDUED]

January 9th. He slept well through the night, and felt thoroughly rested this morning; he was much improved. The cough was less troublesome;

some slight expectoration accompanied it. The area of dulness was decidedly diminished. The friction-murmurs were not now heard in the axilla. They were confined to a space between the sternum and left nipple. These murmurs were heard very loud and rasping, as high as the upper border of the second rib. The first sound of the heart was again plainly, though faintly, heard. The second sound was stronger. I could not, owing to the friction-sounds, determine the existence or absence of endocardial murmurs. He was passing an abundance of urine, high colored, and depositing lithates freely; specific gravity 1030; no albumen. His appetite was improving rapidly.

January 11th. I happened to call at dinner-time, and found him eating stewed rabbit with the heartiest of appetites, and relishing it thoroughly. His face and eyes and look were clearer and better than I had seen them for a long time. The veins of the neck were no longer visible. He expressed himself as feeling better than he had felt for a long time. The cough improved. There was no sense of dyspnœa nor pain. He slept well. He was passing an abundance of urine, and the bowels were acting regularly. There was no tenderness over the heart. Dulness was reduced to three inches in the vertical, and four and a half in the horizontal direction. The superior margin of dulness was now on a level with the middle of the fifth rib. The external margin of dulness was a little outside the left nipple-line. The heart's impulse was strong and diffused. The first sound was distinct, but not so distinct as in health. A single light brushing friction-murmur was heard over the apex, not confined to any single place of direction. Towards the base, the double friction-murmur noticed before was heard diffused over a very large area. These murmurs were greatly diminished in intensity all over, and seem inclined to disappear. They were heard faintly in the axilla. The pulse was taken in the standing position, and after the examination, which may account for its being 104; it was full and strong. The treatment was continued. His wife to-day told me she thought this attack had been stealing on him for some time, and that she had noticed him not to be quite himself for the past three months.

January 13th. The patient looked well, and expressed himself as quite ready for work. The eyes and the expression of the face were clear and healthy. He was free from all pain and tenderness. He slept and ate well. The bowels were regular. He passed plenty of urine, clear and free from deposit. The dulness over the pericardial region remained unchanged. The heart's impulse was stronger, but much diffused. The fraction-murmur remained as last described, but was heard round into the axilla, and faintly into the upper portion of the interscapular space on the back. The pulse was 104, unchanged. No sense of dyspnœa was left.

Remarks.—The foregoing, though by no means an uncommon case, is, I think, not altogether devoid of interest, or unworthy of notice, on account of the insidious character of the onset of the heart-affection; so much so, that the patient's attention was never once directed to the heart as the seat of mischief. If there had been any pyrexia, it had disappeared when I saw him. The case affords another good example of what seems to be pretty generally admitted, that the serous linings to the visceral cavities, and the envelopes to their contents, must be regarded in the light of lining membranes of joints; and that, in persons affected with any of the leading cachectic taints—gout, rheumatism, tubercle, or struma—these membranes may become affected primarily, and be the first, and indeed the sole manifestation of the constitutional diathesis. This view reduces the term "idiopathic" pericarditis, pleuritis, and peritonitis to very small limits; since, in the vast majority of cases, when we exclude extension of inflammation from neighboring organisms, and injury, as causes, some one or other of the taints I have mentioned will be found present. That pericarditis, unaccompanied by any marked symptoms of muscular rheumatism, or by any joint-affection whatsoever, is a matter of fairly common occurrence, I have had many instances during the last fifteen years' experience in general practice. Indeed, this is one of the facts in clinical observation that fall particularly within the field of the general and family practitioner. Hospital physicians, and men who have attained a high standing in their profession as consultants, usually are called upon to examine and treat the grosser lesions, the results of pre-existing attacks, which possibly had not been observed or treated at the onset, or the effects of which probably had resisted all efforts to cure them.

When reporting a case of heart-disease to the *Medical Press and Circular*, March 31st, 1875, I then expressed my conviction that many cases of heart-affection take their origin in what is termed "a simple cold," where a tendency exists on the part of the patient to the rheumatic or gouty dyscrasia—attacks which I now regard as "rheumatic pyrexia," in which, when the heart becomes affected, it does so as the local affection. I dwelt on the necessity for attention to the state of the heart in such cases, and for the utmost vigilance being exercised when there is morbidly excited action, accompanied by roughening and "buffling" of the first sound. I also pointed out how valuable a

knowledge of family tendencies to inheritable diseases would be in guiding the physician in his treatment of what otherwise might be passed over as unimportant, and so happily enabling him to prevent such apparently simple cases from terminating in consequences the most disastrous. Since then, increasing experience has impressed upon my mind more and more the deep importance of never lightly passing over the condition of the heart when called upon to treat those so called attacks of "feverish cold." Truly, in such cases, an over-caution is far preferable to carelessness. Rapid action, weakening even to a slight degree of the first sound, and the occurence of "humming" or "burring" noises, tending to conceal or give the idea of prolongation to the first sound, are always signs that excite my attention and give rise to anxiety. Of course, just as we may have light and transient affections of the joints, which pass off and leave no trace behind, so, in perhaps the majority of instances, these symptoms may subside and leave no souvenirs to mark their occurrence; but, on the other hand I have too frequently watched them develop steadily into the full-blown and well-marked charcteristics of advanced pericarditis, to permit of my treating them with contempt or indifference. In the case before us, I think it is a point of interest to note the occurrence of double friction-murmur at the apex, and in the axilla, when the loss of the first sound of the heart, weakening of impulse, and extent of dulness, would all point to effusion; in which case, we expect not to have contact and consequent friction. I can only explain it, first, by chest-wall conduction of the sound from the loud and rasping basal murmurs; secondly, from the extent of dulness that still exists, together with the marked improvement in the local and general symptoms; also bearing in mind the full habits and free consumption of malt and spirituous liquors, which may have produced their effects on the kidneys and the circulatory system generally, I am inclined to think that possibly there may be some dilation and hypertrophy present, in which case a small amount of fluid only may have been present. This would explain also the absence of displacement of the apex-beat. Another point to be borne in mind is, that the heart itself may have shared in the unusual development of the body generally, and have been unusually large.

The rapid relief afforded by the treatment and the subsidence of the congested appearance of the face and eyes are also to my mind points of interest. No one in this case can well question the benefits derived from the measures adopted; the symptoms had existed long, and had been going steadily from bad to worse, and the relief followed immediately after the use of the remedies.

BOOK REVIEWS.

A Text-Book of General Pathological Anatomy and Pathogenesis, by Ernst Ziegler; translated and edited for English Students by Donald MacAlister. New York: Wm. Wood & Co.

A fortunate combination of circumstances has made this volume a model of its kind. Originating in the land of Pathological Anatomy par excellence, written by a man not only of great knowledge but a good teacher, well aware of the needs of the student, and translated by an accomplished English student, who, by his facilities of becoming acquainted with the German literature and laboratories, was well prepared to interpret and even to enlarge upon the ideas of the author, and present the most modern views and the present state of knowledge on the subject. The great impetus given to the study of pathogenesis in particular by the discovery of the bacillus tuberculosus, is distributed over the whole field of pathological anatomy, and gives a renewed interest and vigor to its study.

The classification of the chapters is an excellent one and in conformity to the modern point of view. On malformations, inflammations, etiology of tumors, and bacteria it gives a fuller account of modern teachings and discoveries than has yet appeared in any English manual. We have been induced to read almost the entire book and decidedly with profit, and would heartily recommend it to all interested in the progress of pathology. The language is clear, comprehensive and concise. The text is interspersed with a great many references and explanatory suggestions of value to the student, and a great number of fine illustrations. We predict for this volume even a better success than the German edition has had. It appears as the July number of Wood's Library and is practically complete in itself. The second part—on Pathological Anatomy—is in course of publication in Germany. It is hoped that the English version of this part may be ready soon after the German edition is completed.

THE ARMY.

Official List of Changes of Officers serving in the Medical Department of U. S. Army, from August 8th, 1883, to August 23d, 1883.

Baxter, Jedediah H., Chief Medical Purveyor U. S. Army: to proceed to San Francisco, California, *via* St. Louis, Missouri, on public business connected with the medical department, and on completion thereof will return to his station. (Par. 1, S. O. 185, A. G. O., August 11, 1883.)

McParlin, Thomas A., Lieutenant-Colonel and Assistant Medical Purveyor: relieved from duty in

charge of the purveying depot in San Fancisco, California, to take effect September 1, 1883, and will then proceed to New York City and relieve Assistant Medical Purveyor Ebenezer Swift, of the charge of the purveying depot in that city. Assistant Medical Purveyor McParlin will transfer all funds and public property in his possession to Medical Storekeeper Henry Johnson, who, until further orders, will perform the duties of Acting Assistant Medical Purveyor at the purveying depot in San Francisco. (Par. 5, S. O. 183, A. G. O., August 9, 1883.)

Middleton, J. V. S., Major and Surgeon: relieved from duty at Fort Hays, Kansas, and assigned to duty at Fort Leavenworth, Kansas. (Par. II, S. O. 169, Dept. of the Mo., August 18, 1883.)

Williams, John W., Major and Surgeon; granted leave of absence for one month, on surgeon's certificate of disability. (Par. I, S. O. 109, Dept. of the Columbia, August 8, 1883.)

Barnett, Richards, Captain and Assistant Surgeon: granted leave of absence for one month, on surgeon's certificate of disability. (Par. II, S. O. 149, Dept. of the East, August 10, 1883.

Bartholf, John H., Captain and Assistant Surgeon: assigned to temporary duty at Vancouver Barracks, W. T. (Par. 2, S. O. 109, Dept. of the Columbia, August 8, 1883.)

Byrne, Charles B., Captain and Assistant Surgeon: relieved from duty at Fort Craig, N. M., and assigned to duty at Fort Lewis, Colorado. (Par. 3, S. O. 161, Dept. of the Missouri, August 6, 1883.

Burton, Henry G., Captain and Assistant Surgeon: relieved from duty at Fort A. Lincoln, D. T., and assigned to duty at Fort Assinniboine, M. T. (Par. I, S. O. 141, Dept. of Dakota, August 11, 1883.

Finley, J. A., Captain and Assistant Surgeon: relieved from duty at Fort Concho, Texas, and assigned to duty at Fort Stockton, Texas, as Post Surgeon. (Par. S. O. 101, Dept. of Texas, August 16, 1883.)

Banister, John M., 1st Lieutenant and Assistant Surgeon: relieved from duty in the Department of the Missouri and assigned to duty in the Department of the East. (Par. 5, S. O. 183, A. G. O., August 9, 1883.)

Benham, R. B., 1st Lieutenant and Assistant Surgeon: relieved from duty at Fort Assinniboine, M. T., and assigned to duty at Fort A. Lincoln, D. T. (Par. 2, S. O. 141, Dept. of Dakota, August 11, 1883.)

Carter, Wm. F., 1st Lieutenant and Assistant Surgeon: relieved from duty in the Department of Texas and assigned to duty in the Department of the East. (Par. 5, S. O. 183, A. G. O., August 9, 1883.)

Kane, John J., 1st Lieutenant and Assistant Surgeon: relieved from duty in the Department of the Missouri and assigned to duty in the Department of the East. (Par. 5, S. O. 183, A. G. O., August 9, 1883.)

Vidal Regards capsicum as the best remedy in piles. He prescribes three or four three-grain pills daily, half at breakfast time and half at supper time. Under its influence congestion and all the painful symptoms which accompany it disappear rapidly.

At a late Meeeing of the New York Medical and Surgical Society (N. Y. Med. Jour.) Dr. A. C. Post reported a case of probable injury of the heart due to a fall. He said that a young man presented himself at his clinic, complaining of certain symptoms caused by a fall sustained a week previously, while staggering under a load of lumber. He was afterward able to walk to a conveyance, but was very feeble and suffered distress. Upon examination, no evidence of contusion or fracture could be discovered, but the patient complained greatly of pain, distress and tenderness over the region of the heart, particularly when percussion was made. The pulse was very rapid, feeble, dicrotic, and irregular, and the heart's action was jerky, feeble and tumultuous, but no abnormal sounds or percussion outlines were discovered. Possibly there had been rupture of some of the endocardial tendinous cords.

Dr. Bonilly presented a patient to the Société de Chirurgie, in whom a pleurisy terminated by a spontaneous rupture of the thoracic wall, leaving a fistula which would not close despite all the means employed. M. Bonilly tried resection of the ribs to obtain a flattening of the thoracic walls and efface the pleural cavity (Estlander's operation). He resected a portion of the sixth and seventh ribs of the left side. The result was the gradual flattening of the thoracic wall and the obliteration of the pleural cavity. Operated August 29, 1882; the patient was cured December 23 following.

Dr. H. C. Tarron, in the American Journal of Obstetrics for August, 1883, gives an interesting case of physometra, and endeavors to prove from it and the situation as found in the Surgeon General's library, that there is a morbid process which may take place by which the uterus becomes distended to such an extent as to simulate pregnancy. He contends that air or gas may distend the uterus independent of retained products or menstrual secretions.

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WE HAVE HAD OCCASION from time to time to animadvert to the state of affairs at the County Hospital, Chicago, and the fact that it was conducted as a part of the local political "machine." Another conspicuous instance of this is the recent appointment of a politician of some local prominence as its Warden. This man had been some time Chief of Police, and as such made a fair officer, though never displaying any bright, particular talent or honesty of purpose. Last spring he was seized with the rage for office in an incurable form, and resigning his police duties he ran for the position of County Sheriff on the democratic ticket. At election he was left high and dry, having exhausted his own means and run in debt to such an extent as to be obliged to accept a purse made up for him by some political friends. Since then he has been a hanger-on, a dependant on "the party." With that brilliant judgment which the Cook County democratic commissioners (and republican too, for that matter) have never lost an opportunity to show, they elected him as Warden of an institution which ought to be sacred to the best interests of its hundreds of unfortunate patients, but which has been—within the writer's memory—an almshouse for the scum of the party who get beaten in the local elections. We write these words without evasion, and yet meaning no reflection on those noble men who, as members of its medical staff, have served it in years past and present without pay, without even thanks, who have more than once been unceremoniously turned out to make room for some less capable man, with less knowledge but more "*inflooence.*" Nor do we reflect on the training school for nurses connected with the hospital. To these two, the doctors and trained nurses, do the poor and the people generally of Cook County owe a measure of thanks which will probably never be paid. For to these belongs the credit of keeping the hospital above the professional tide-water mark, of preventing its becoming an active disgrace by keeping it at least a passive benefit, of hiding from the eyes of the public and press the shameful ignorance and the degrading influence of a lot of politicians many of whom were a disgrace to the community that elected them. Possibly, this last feature is not a credit, but in that case the doctors got less thanks than ever from the most interested party—the county board. The writer has always taken the ground that he took years ago before the Grand Jury, when, as an interne, he was called to account for a public expression of similar sentiments, that the political features of the hospital management would always be an effectual bar to its proper prosperity and the most efficient performance of that work for which it was intended. Unfortunately, the local press is apathetic and the profession almost powerless. Unfortunately, too, a few members of that otherwise eminently respectable profession have not been guiltless of intrigues for their own selfish purposes, and this has usually made matters worse. In the local elections, matters are often decided by the vote (duly paid for!) of that class of the population who most need such public provision for themselves in case of sickness or injury. Would that some enthusiast would rise and make a party issue of this matter. Could one more fitting be selected? All of which we have been tempted to submit because an ex-superintendent of police has been duly installed as Warden of a hospital—a place for which he is in some respects as well fitted as a medical student is to fill the office in the local constabulary made vacant by the resignation of said

official;—and no better, though in this matter recent local history has only repeated itself over and over again. During our own connection with the institution the then Warden had been educated for his responsible position by having served for years as a puddler in the rolling-mills. If all this might be an excuse for a quotation, we would say with Juvenal, only adding one word, "Haec olim meminisse (non) juvabit." (In the future it will (not) be pleasant to look back upon these things.)

The Peculiar Features of poisoning by a substance so constantly in use and so well known to the laity as carbolic acid cannot fail to interest every practical physician, and just in proportion to the definite form which our ideas assume will be the value of our efforts to give assistance in the emergency. It is seldom that a physician's coolness is put to a severer test than in cases of poisoning; and if he is not well acquainted with the topical and constitutional action of the offending agent, or if he does not show himself superior to the precipitation usually associated with such cases, or if he does not wait to render such meagre information as is usually obtainable as definite as possible, he is a good deal more likely to pursue a course open to criticism than to afford genuine assistance. A definite record of such cases is always in order, and we take the occasion of referring to two such reports recently issued: One by H. H. Vinke, M.D., appeared in the Medical News of July 14, and the other in The Weekly Medical Review of July 21st. The one by Dr. Vinke we should regard as a typical case of carbolic acid poisoning. The subjects were two children, eight and five years old respectively. Each child received an enema of a pint of water containing seventy drops of carbolic acid, 95 per cent. Five minutes after both fell asleep and slept for about twenty minutes. Arising from their sleep they talked constantly and incoherently, walked about in a restless manner; shortly their gait became unsteady and they fell to the floor, entirely unconscious, with pupils widely dilated; breath charged with carbolic acid; skin covered with perspiration, pulse full and frequent, and muscular agitation seemed to threaten convulsions. No pain. Two hours later the muscular agitation subsided and a comatose condition supervened, and they could be aroused only with difficulty. About six hours after the enema they became conscious and were then subject to an attack of vomiting which lasted several hours; after this they recovered rapidly. The case reported by Dr. Taliaferro has already appeared in full. In this case it is difficult to know what symptoms should be attributed to the local action of the strong acid on the mouth, esophagus and stomach, and which should be attributed to the constitutional effect of the poison, but it is interesting to note that all three cases awoke from a state of unconsciousness after a period of about six hours. In the one case, the one that swallowed the strong poison, the pupils were contracted, in the other two they were widely dilated. We cannot too highly commend the use of the rubber tube so justly appreciated by both physicians, but would question whether the sweet-oil and milk in the one case, the books notwithstanding, and the spts. æth. nit. in the other, were not the results of a desire to do more than a sound physiological consideration of the cases would warrant. It is to be regretted that in neither case is any mention made of any observation for the presence of carbolic acid in the urine.

Dr. J. J. Chisholm, of Baltimore, has recently been advocating the use of bromide of ethyl in operations which only require a few minutes for their performance. It will be remembered that this subject was brought prominently before the medical public about three years ago. It was acknowledged by almost everybody that used it to be an anæsthetic more pleasant and rapid than ether, it was further conceded that the effects of the anæsthetic rapidly passed off. The occurrence, however, of two or three deaths from its use rendered its popularity of very short duration. We have used this anæsthetic on about a

dozen cases and always with satisfaction, nevertheless we use it no longer. Squibb's sulphuric ether and some form of Ormsby's inhaler, when judiciously used, leaves little to be desired both with reference to rapidity of etherisation or vomiting. By this instrument complete anæsthesia can be obtained in less than five minutes, and very frequently in less than half the time, and certainly as far as statistics are of any value sulphuric ether is the least dangerous of all anæsthetics. In reference to the rapidity with which a patient recovers from an anæsthetic the all important point of the length of time they have been under its influence must not be forgotten. Of course, where a patient has been anæsthetised for only a few minutes he will rapidly recover from the anæsthetic, and the recovery will usually be proportionally long when the period of anæsthesia has been prolonged.

A Pamphlet has just reached us purporting to have been written by J. Marion Sims, M.D., in the British Medical Journal, advocating the Indian mode of curing syphilis, but the whole tenor of the pamphlet is so evidently directed to the furthering of the interests of the doctor's brother-in-law that even such merits as the article might otherwise have are absolutely rendered worthless from the interested position which the writer sustains. Moreover, the doctor has never, at any rate it is not so written in the bond, tried the remedy himself. An article such as the one in question coming from a less known man, backed up only with two cases detailed in such a way, would receive no notice whatever, and that would be just what it deserves. Custom however and duty in this case call for some notice, although it be only to condemn it. The remedy or remedies which are here set forth for curing infallibly every case of syphilis is a teaspoonful of the mixed fluid extracts of Stillingia sylvatica, smilax sarsaparilla, phytolacca decandia, lappa minoo and xanthoxylum Carolinanum, prepared under the exclusive sanction of Dr. Smyth with a y. This is spoken of as the Indian cure, omitting the alum salt and iron. An Indian cure is sure to meet with favor with those who are incapable of thinking for themselves, and, unfortunately, a good many of those still exist, and many of them occupy positions not only in the medical profession, but also among our professors.

Dr. T. O. Summers contributes the following to the Southern Practitioner: A little child, five years of age, received a blow or had a fall upon the head about two years ago, producing no external lesion as far as could be observed, but resulting in complete aphasia. After the injury he could only make idiotic noises, though he understood all that was said to him. From this time he developed as a left-handed child. The father applied to me for relief. I was satisfied of depression, and located it at the third convolution of the anterior lobe of the cerebrum on the left side, led to this conclusion by the aphasia and left-handedness of the child. I removed the disc of bone from a point just superior to the temporal ridge, and anterior to the coronal suture as it bends forward to cross the ridge. This disc covered a portion of the ascending frontal and middle frontal convolutions, and its posterior border rested over the fissure of Rolando, close up to the ascending parietal convolution. Of course the diploic structure was rudimentary in a child of that age, but what was to be the inner table was clearly depressed by a greenstick fracure. After the operation the child articulated clearly, crying out "Turn me loose, doctor, my head's bleeding." From that time on to the present day he has talked well and has recovered his intelligent expression and manner. The interest in this case lies in the apparent practical demonstration of the location of the center of speech in this portion of the brain, and on the left side in right-handed persons as contended by some neurologists.

At a Late Meeting of the American Dermatological Association, Dr. Sherwell, of Brooklyn, read a paper on Paget's Disease, or malignant papillary dermatitis (N. Y. Med. Rec.). The subjective symptoms, itching,

burning, are those of an eczema, and not those of an ordinary carcinomatous affection, but they are more marked than in an ordinary case of eczema. The objective symptoms are like those of eczema; the discharge is absolutely similar to that of catarrhal affection of the skin, stiffens linen, and forms crusts entirely indistinguishable from those of an impetiginous eczema. The color of the surface is, perhaps, occasionally more livid, but the border is, in his opinion, not more sharply defined than is common in that trouble. The somewhat elevated appearance of the patch simulates exactly the accurately macerated and swollen conditions of the lower epithelial layers we so frequently find in eczema. Sir James Paget compares the appearance to that of a balanitis, an apt illustration. The disappearance of the nipple is spoken of by Henry Morris as a "melting away," a very acceptable term. The "malignant papillary" feature, as described by him, was a marked element in his first case; much less in the second. It is a very diagnostic point, and would of itself, he thought, instantly resolve any doubts as between it and true eczema. The extreme length of time may be noted in his cases, before the appearance of anything like positive evidence of carcinoma. It will be noticed that Sir James Paget gives the limit, as to this, as two years. In Dr. Sherwell's first case twelve years elapsed from attack to death, the latter event not seeming in any way connected with the skin lesion; in the second case, considerable over the time mentioned by Paget had already passed.

At the Same Meeting, Dr. E. Graham, of Toronto, reported a case of lymphangioma cutis with dermatolysis. Mrs. —, æt. twenty-one; when five years old a tumor appeared in front of the elbow, which gradually extended upward and downward. The history from that time had been one of constant increase, and the growth had increased verv rapidly during the past year. Its presence had not produced inconvenience. On the anterior surface of the arm the integument hangs down in bag-like pouches, which change in color as the arm hangs or is raised. The papillary layer of the corium is hypertrophied, and the skin presents deep furrows. There is brown pigmentation near the elbow, and a few black hairs exist on the surface. The entire growth has a peculiar velvety feel. There is thickening of the skin, but no induration whatever. At the middle of the forearm there is a small tumor, which feels like a mass of blood-vessels beneath the skin. The arm can be made smaller by pressure, and especially the small tumors, of which there are two or three. The tumors are not painful. The affected arm is almost as strong as the other. It is possible that the small tumor first seen existed at birth, but had been unrecognized. Dilatation of the lymph-channels was the probable pathological lesion.

In an Article recently contributed to the Gesundheit (Popular Science News)—a paper, as its name imports, devoted to sanitary subjects—Prof. Reclam, a German Gelehrter, makes some timely and useful observations on the subject of baldness. After describing, in a vein of pleasantry, the vast array of bare polls which may be seen any evening in the pit of a theatre or the body of a lecture-room, he discusses the causes of baldness. He does not think, as is sometimes said, that loss of hair is the result either of impaired health or of much study. The strongest men are often bareheaded, and German professors, who are nothing if not studious, are distinguished above all men by the profusion of their locks. On the other hand, soldiers and postilions, who wear heavy helmets and leather caps, and wear them a good deal, are frequently as bald as billiard balls. From these facts Herr Reclam draws the conclusion that baldness is due chiefly to the artificial determination of blood to the head, and to the heat and perspiration thence arising. The result is a relaxed condition of the scalp and loss of hair. If the skin of the head be kept in a healthy state, contends the professor, the hair will not fall off. To keep it healthy, the head-covering should be light and porous, the head kept clean by washings with water, and the hair

cut short. The nostrums vended as hair restorers, and on which a fabulous amount of money is wasted by the ignorant for the benefit of quacks, he denounces as worse than useless. In ninety-nine cases out of a hundred they are worse than useless. Cleanliness and cold water are the sole trustworthy specifics; but when once the hair roots are destroyed, not all the oil of Macassar, the bear's grease of Siberia, nor the cantharides of Spain will woo back the vanished locks.

Prof. Henock (Ber. Klin. Wochenscrift, Phys. and Surg.) reports the following: A four-year-old girl was sick with the measles. The eruption came on normally; but the fever did not abate. On the third day after the appearance of the eruption, the entire surface of the body was covered with blisters from the size of a hazel-nut to that of a dollar. The measles exanthem, which could be seen between these bullæ, were hemorrhagic. The whole face was greatly bloated, and the eyelids were so swollen that the eyes could not be opened. After the vesicular eruption ceased, the morning temperature fell to 37.8° C., but the evening temperature rose to 38.5°. The child was threatened with collapse, but revived. However, between the sixth and seventh days, croupous pneumonia set in, and, after eight days, terminated fatally. Similar complications have been reported by Klüpfel and Steiner. Henock pronounces this a complication of measles with acute pemphigus.

The Following is from the Pen of Prof. W. M. Williams, the English Scientist, on the English Fireside, and published in the Metal Worker: The notion that our common fireplaces and chimneys afford an efficient means of ventilation is almost too absurd for serious discussion. Everybody who has thought at all on the subject is aware that in cold weather the exhalations of the skin and lungs, the products of gas-burning, etc., are so much heated when given off that they rise to the upper part of the room (especially if any cold outer air is admitted), and should be removed from there before they cool again and descend. Now, our fireplace openings are just where they ought not to be for ventilation; they are at the lower part of the room, and thus their action consists in creating a current of cold air or "draft" from doors and windows, which cold current at once descends, and then runs along the floor, chilling our toes and provoking chilblains. This cold, fresh air, having done its worst in the way of making us uncomfortable, passes directly up the chimney without doing us any service for purposes of respiration. Our mouths are usually above the level of the chimney opening, and thus we only breathe the vitiated atmosphere which it fails to remove. Not only does the fire-opening fail to purify the air we breathe, but it actually prevents the leakage of the upper part of the windows and doors from assisting in the removal of the upper stratum of vitiated air, for the strong updraft of the chimney causes these openings to be fully occupied by an inflowing current of cold air, which at once descends, and then proceeds, as before stated, to the chimney. If the leakage is insufficient to supply the necessary amount of chilblain-making and bronchitis-producing draft, it has to enter by way of the chimney-pot in the form of occasional spasms of down draft, accompanied by gusts of choking and blackening smoke. It is a fact not generally known that smoky chimneys are especial English institutions—one of the peculiar manifestations of our very superior domestic comfortableness.

According to the Cincinnati Med. News, as quoted by the Phil. Med. and Surgical Reporter, Dr. Leartus Connor presents the profession with a series of fourteen general maxims on "How can we obtain the best Eyesight and Hearing." We publish them not to show their value, but to show what some people with a propensity for writing can intrude upon the public. 1. By acting as if the eyesight and hearing were of more importance than any other thing on earth,—very definite and concise directions of more importance of course than nursing—than breathing. 2. By having every child's eyes and ears carefully

examined by an expert before it is given specific tasks to perform, calling for the full exercise of healthy eyes. If the eye or ear be found defective, then by grading the tasks according to the nature of the defect,—are not the child's eyes and ears called upon to perform specific tasks as soon as the mother begins to talk and smile to the little one, and he in turn begins his philosophical experiments by testing the relative strength of paper and linen, etc. Moreover, who would think of grading the tasks assigned to the ear? 3. By never using the eye or the ear when such use causes pain in either organ or in the head. Some additional advice should here be afforded to teach us how to avoid using the ear. 4. By never using the eye when it is imperfectly supplied with good blood, as before breakfast, when utterly exhausted, after a severe illness, etc. — If Dr. C. can differentiate between the quality of blood before and after breakfast he merits our applause. The remaining ten sections are not less unimportant. We are perfectly sure that such a series will not be much heeded. One thing, however, which the general public often neglects is a discharge from the ear. This is of such great importance that no practitioner should consider his duty performed until the discharge has ceased, and the external meatus left in a clean condition so as to allow the integument and membrane to discharge their functions unimpeded. Any manifest abnormal condition of the eyes will of course receive attention at the hands of conscientious practitioners, and a persistent head-ache without any other manifest cause should always direct his attention to the condition of the refraction of the eyes.

A Case Recently Tried in Michigan has given rise (Med. and Surg. Reporter) to a discussion as to whether arsenic, if injected into the stomach and bowels after death, will become disseminated throughout the various organs and tissues of the body. One would, at first blush, naturally assume the negative; but Drs. Victor C. Vaughan and Jas. H. Dawson have made some experiments, the results of which they communicate to the Journal of the American Medical Association, August 4, 1883, and which seem to support the affirmative. They injected arsenic into the stomach and rectum of a large musk-rat, and of a human being, dead between two and three days; in each case, after an interval of twenty-five days, arsenic was found in appreciable quantity in all the organs. When we remember that arsenic is so often used as an embalming liquid, we can appreciate the importance of these experiments, which are corroborated by similar results in the hands of Prof. Kedzie, of the Michigan Agricultural College.

For Sometime Past M. Paul Gibier, of Paris, has been studying the effect of a diminished temperature on the minute organisms destructive to human welfare. He claims that a prolonged temperature of a few degrees below freezing is sufficient to destroy trichinæ, and we now learn from the Medical Gazette that a similar statement may be made concerning the germ supposed to be the active agent in rabies. The mode of inoculation adopted by M. Paul Gibier consisted in drilling a small orifice through the median line in the frontal region of the skull of dogs, mice, and rats. This hole sufficed for the introduction of a needle, through which the virus could be syringed into the arachnoid cavity. From his experiments, M. Gibier supported the view that rabies can be transmitted to the fœtus from the mother (rabbits). Cold was found to be an effectual attenuant of many viri, including that of rabies. Microparasitic organisms were detected in the cerebro-spinal fluid, as well as in the cerebral substance, notably the medulla oblongata. These consist of minute mobile granules, often arranged two by two and joined by a delicate filament. Sometimes a single granule was seen alone, and possessing a thin cilium; these were no doubt due to rupture of the bilateral figure, and resembled a nail in shape. The size of these elements, which could not be discovered in healthy animals placed under similar conditions, was about one-twentieth of that of a red blood-disc.

PROGRESSIVE LOCOMOTOR ATAXIA. — We here translate certain extracts from Prof. Hardy's Clinic. The first symptoms of ataxia are generally some affection of the eye. Sometimes an internal strabismus, sometimes a ptosis of the upper eyelid with external strabismus. Associated with the strabismus is, of course, diplopia, which is not continuous, but which makes itself felt only when the patient looks straight before him or a little to one side. In other cases hemiopia and amblyopia may occur, and sometimes a certain difficulty in discriminating colors; the patient does not distinguish the reds and blues, the green and yellow being recognized as in the normal condition. Moreover, the pupils are unequal and contracted, reduced to a very small diameter and sometimes even insensible to the light. Such are the symptoms which are observed in the early period of locomotor ataxia. To these symptoms should be added lancinating pains, which as well as the eye disturbances may disappear in the second stage of the affection. The second period develops the incoordination of the movements of the body associated with an anæsthesia more or less extended, incontinence of urine, constipation, impotency, joint affections, muscular atrophy, and sometimes le mal perforant of the sole of the foot. The third period is characterised by a genuine paralysis, loss of sight, involuntary discharges of both urine and fæces. The causes of ataxia are well recognised: inordinate labor, continued night watchings, venereal excesses, grief, etc. M. Hardy discards the idea of M. Fournier, who maintains that syphilis is the most frequent cause of ataxia. The best mode of treatment consists in giving for fourteen days the iodide of potassium, in doses varying from (2) two to four grammes a day, and for another fourteen days nitrate of silver varying from one to four centigrammes a day in pill form, continuing this treatment alternately. Small points of actual cautery over the vertebral column have given good results. Electricity has no influence whatever over ataxia. To relieve pain M. Hardy recommends frictions with a liniment containing one-quarter its volume of chloroform and one-quarter laudanum. Subcutaneous injections of morphia and chloral per orem should only be administered at intervals. M. Hardy claims that certain French mineral waters, hot, afford unquestionable success.

THE BOSTON MED. AND SURG. JOUR. for August 9th, quotes from Brain a very interesting case of what was during life supposed to be a case of hysteria, but the post-mortem revealed a well marked tumor of the brain. The autopsy says the article in question showed a tumor extending from the left temporo-sphenoidal lobe to the junction of the anterior and middle third of the pons. Below the tumor was a hæmorrhage about as big as a hazel-nut. The basal ganglia were pushed inward with the internal capsule, and the convolutions of the temporo-sphenoidal lobe outwards. The cortex was not at all involved. The white matter of these convolutions was somewhat affected, a small part of the tumor spreading into the island. We submit that inasmuch as a tumor was removed from the breast of the patient earlier in her history, and a certain mixing up of words and an inability to write should have been sufficient to have shielded the patient from the hand of opprobrium, whether correctly or otherwise associated with the diagnosis of hysteria.

THE FOLLOWING is from the Boston Med. and Surg. Jour., as published in the Birmingham Med. Jour: In a recent clinical lecture Prof. Charcot described the case of a woman, aged sixty-one, who had been operated on several times for scirrhus of the breast. She developed severe double sciatica, with pain in the region of both anterior crural nerves. The pains were exasperated by the erect position, so that walking became impossible. There was tenderness in the lumbar and sacral region of the spinal column, but there was no muscular atrophy, alteration of reflexes, or disturbance of the functions of the bladder or rectum. Prof. Charcot insisted that double sciatica is always symptomatic, and the causes are (a) diabetes; (b) certain spinal diseases,

for example, locomotor ataxy and meningo-myelitis; and (c) some alteration in the nerves themselves. There was no sugar in the urine, nor any evidence of those spinal affections; and in the absence of any sign of a tumor in the pelvis the readiest explanation was cancerous invasion of the vertebral column, causing pressure on the nerves. Secondary cancer of the spinal column was held by Cazalis to be very common, especially after scirrhus of the breast, but it may be also met with in cancer of the stomach. In practice it is important to note that the presence of double sciatica in cancerous patients indicates metastasis, and contra-indicates operative interference. Conversely, severe neuralgic pains in patients at the age for cancer should suggest a careful examination of the breasts, the stomach, and the uterus. Such pseudo-neuralgic pains are the ordinary clinical signs of vertebral cancer, but a fungous mass may project from the spine, in which case the vertebræ will be infiltrated, and the consequences will be similar to those of Pott's disease.

Dr. H. V. Sweringen says in regard to the use of pop-corn in the vomiting of pregnancy (Obstet. Gazette, Denver Med. Times): Six or eight months ago or more, I noticed in one of my journals, I cannot now remember which one, and I have not the time at present to look it up, a short article by some physician whose name I also fail to recall, recommending ordinary pop-corn as an efficient remedy in the vomiting of pregnancy. If I had not seen it under the circumstances I will presently relate, I would undoubtedly have given it but a passing notice, inasmuch as it did not strike me favorably at first sight. If its worthy advocate had fixed it up in some kind of "scientific" shape or infused into it a little Latin, as, for instance, "Cornum Explosivum," or "Cornum Poppum," or "Poppum Cornum," it might have attracted my attention under any circumstances, but bare "pop-corn," simple, harmless, innocent "pop-corn" as a high-toned therapeutical remedy among high-toned, scientific physicians was too much, "too utterly too too" for a physician of my cloth and attainments. But seriously, it proved to be a God-send to me and my patient (more particularly the latter), having had at the very moment one of the most intractable cases probably that ever occurred. I had exhausted the usual remedies employed in this distressing ailment and was about to cauterize or do something to the os uteri when my eyes accidently fell upon the above named remedy. To make a long story short, it acted marvelously, not only in the case referred to, but in three subsequent cases; in fact, in every case in which I have prescribed it.

The Value of Iodoform is so great in certain external sores and in all syphilitic eruptions that we can readily appreciate the report of Dr. Thomas Hay; in a communication to the Medical and Surgical Reporter (April 14, 1883), he recommends the local use of iodoform in fissure of the anus as a substitute for operation by the knife or forcible rupture of the sphincter muscle on the ground that it is equally efficacious with the operative method of treatment and at the same time milder and safer. He says: "It may be dusted, in very fine powder, upon and into the fissured parts, or applied in the form of ointment or suppository. The application of the simple powders, if properly prepared, three or four times a day, after each evacuation, and in the intervals, is often sufficient. In some cases, however, the undiluted powder — although thoroughly powdered — causes some pain. In such the iodoform may be mixed with powdered gum acacia, if a powder be preferred, or may be made into an ointment with vaseline, or suppository with the oil of theobroma. Balsam of Peru, carbolic acid, and oil of peppermint, will moderate the intensity of the iodoform odor; but this can hardly be requisite for application in this situation. The application of the remedy may be followed by a little smarting, but soon after its use the sensibility of the parts becomes benumbed, and even defecation may go on without consciousness, so far as concerns the development of pain during or after the process."

We Clip the following from one of our exchanges, which has been so mutilated that its name is not to be found: In an attack of cholera digestion has stopped; and the serum of the blood rapidly finds its way into the stomach and intestinal canal. Nausea comes on, and dejections set in. At first fecal matter is evacuated, then modified serum which appears like "rice water." Soon the blood is thick as tar through loss of serum, and will not circulate in the capillaries and small vessels. After death the arteries can not be injected with a preservative fluid, because they are partly filled with red globules in a mass of the consistence of paint—a muddy mass. Now, to arrest the flow of serum into the intestinal canal is a part of the physician's duty in the treatment of a case of cholera taken at the start. Neither opiates nor astringents will do it; and it is questionable if any agent will. Prof. Scudder recommends Bismuth and Nux; and in so doing he does no harm. His iced solution of chloride of sodium—common salt—is better. I know this from experience. Why salt will sometimes arrest the flow of serum from the blood into the intestinal track is more than I understand, I only know that an over salted dish is followed by thirst. Water leaves the mucous cavities and enters the blood-vessels, establishing a call for fluids. Perhaps by a homœopathic law, or some other little understood chemico vital activity, the effect of chloride of sodium is to convert osmosis into endosmosis! I do not pretend to take stock in this transcendental speculation, but offer it to help the reader to remember what I have said about solutions of salt as occasional cures in certain stages of cholera. The hypodermic—intra-venous—injections of saline solutions will certainly do an appreciable amount of good in collapsed cases. A drachm of common salt to a half pint of water will make the solution strong enough. A fluid drachm of the mixture may at one time be thrown into each arm and leg, and another under the integument of the abdomen; and the operation may be repeated in three hours. I think I can speak with confidence of the action of chloroform in the arrest of cramps in the legs—a complication horrible to endure. Generally the patient is clothed in drawers; and the anæsthetic may be poured on the enveloping garments—quite saturating them—then the bed coverings help retain the lethal vapors. No Thompsonian antispasmodic equals in effect that of chloroform. Of course, sulphuric ether would do about as well. Quietude is a factor in the treatment of cholera. The patient, after the first dejections which are fecal, should have evacuations upon absorbent materials, and not be allowed to go to stool. What is voided is not offensive, it is chiefly the serum of the blood, and gives off the odor of that fluid. To open the bed is to lose animal heat which is failing and must be economized. Jugs of hot water are to be placed in the bed of the patient, though astonishing little is accomplished. A dying person can be cooked but not warmed. The breath of a choleraic patient feels cool or cold to a hand held before the mouth. A body thermometer indicates a lowering of temperature. The thirst of a cholera sufferer may be momentarily slaked with cold table tea, or with any bitter water. A few drops of Nux in a tumbler of water render it agreeably bitter. Nausea is to be allayed with camphor water, and that which has been mildly acidulated. The inexperienced practitioner is apt to argue with himself that if a little of a certain medicine will do good, more of the same will do better, but in this he errs. Just the appreciable taste of camphor or of acid impresses the most favorably.

Our Readers will notice that the present number of the Review comes to them with a new cover, which may be taken as an indication of two things: A desire on the part of the publishers to make the mechanical work of the journal as attractive as possible, and also that the change in the publication of the journal to a weekly has met with the approval of our subscribers. Indeed, so great has been the encouragement received from our patrons, for which we take this opportunity of thanking them, that we beg leave to assure them that no effort shall be spared on the part of any connected with the Review to bring it up to that point of perfection where it will not only retain the good-will of the friends it has, but will continually add to their number.

CONTRIBUTIONS.

ABSCESS OF MAXILLARY SINUS CAUSED BY SYPHILIS.

BY JOHN D. S. DAVIS, M.D., BIRMINGHAM, ALA.

Mr. A., aged thirty years, with a peculiar dark complexion of the skin, a characteristic of the family, had been complaining three months previous of fetid discharge from left nostril; and since, to September 1st, 1883, of heat, and a sense of tension in the left superior maxillary. He applied to a physician at the time the discharge made its appearance, who gave him a wash, with the belief that the parts would speedily return to their normal condition, the practitioner supposing the affection to be merely an increased discharge depending on a slight local hyperæmia, the result, perhaps, of the bad state of the weather at the time. The parts, however, did partially recover; the discharge became much less fetid and soon disappeared; the pain was not severe for two months, until about August 1st, when the heat of the parts was increased with a sense of extreme tension. Upon examining the anterior naris, nothing could be discovered to account for the disturbance, the mucous membrane being in an apparently normal condition. The mouth was examined to ascertain if a diseased tooth could be the cause, but the teeth were perfectly sound. A diseased state of the antrum was suspected,and I advised extraction of the second molar on the left side,which was submitted to, but on removing the tooth no pus escaped. A trocar was consequently introduced into the alveolus previously occupied by one of the buccal roots, and readily passed on into the antrum; matter followed the withdrawal of the instrument. The cavity was kept cleansed with warm water, and recovery was very speedy.

This patient denied ever having had syphilis until I forced the truth out of him by writing to his physician who had treated him two years ago for that disease. Often as a class coming between the uncommon and the common affections, there exist sequelæ of the exanthemata which have a special and peculiar affinity for this cavity, while frequently, in syphilis, the very first event in the secondary train, as in this case, exhibits itself in a disturbance of this sinus. That this latter is rare, observation certifies. Indeed, syphilitic troubles of the antrum are so unfrequent, even in the tertiary stage of that affection, that experience will lead to the inference that the cavity never becomes affected unless when, from continuity of structure, it has the trouble absolutely forced on it, this either from its relationship with the hard palate in the oral direction. or with the turbinated bones in the nasal; for, while the practitioner will surely hear complaints, yet, if he investigate the cause of trouble, he will find in some cases that mercurial inflammation of the periodontal membrane is the source of offense, rather than the specific condition. It would be useless to describe the anatomical relations here of the antrum of Highmore to the teeth, the nose, and the eye; and I will direct attention to the consideration of the diseases connected with it. Some of them are formidable, but most of them which come under the notice of the surgeon are simple and easily cured; while if neglected or improperly treated they may assume so aggravated a form as to endanger the life of the patient.

The principal diseases of this class are inflammatory distention of the antrum; dropsy or mucous engorgement; diseases caused by foreign bodies or wounds. The source of inflammation of the lining membrane causing distention can be traced in the majority of cases to a diseased condition of the superior maxillary, resulting from some malignant trouble. Sometimes it may be occasioned by the dentist forcing irritating substances into the cavity in the treatment of devitalized pulps in teeth whose roots extend into the antrum. Blows upon the face or injuries in extraction may cause inflammation, or it may be an extension of catarrhal disease from the nasal cavity; or it may be set up by foreign bodies entering from without or from within the mouth. As a general rule treatment is quite simple, over-treatment in many cases retarding a cure. Often the extraction of a diseased tooth is all that is called for, generally the first molar, and if, on doing this, the antrum is not reached, the perforation of the cavity by means of the dental engine. Even in doubtful cases it is well to perforate to ascertain what the contents of the cavity may be. Some prefer perforating the alveolus above the gum; but it is far more preferable to make the opening at the lowest point possible. An opening should be maintained till the mucous membrane has regained its normal condition, and the cavity should be carefully cleansed with injections of tepid water, to which may be added some antiseptic. Often this is all that is necessary, but sometimes frequent injections of tepid water, followed by stimulating injections, must be employed. Among the causes of mucous engorgement of the antrum are diseased teeth, exposure to cold, blows, etc. The first aim in treatment is to evacuate the contents of the cavity, and remove the cause. The opening should be maintained with plate and tube until by the use of stimulating and astringent injections the parts have regained their normal condition, when the opening may be allowed to heal. In case of wounds of the antrum the bleeding is always slight. The treatment is simply to remove any foreign body which may be present and keep the parts clean. In endeavoring to extract foreign

bodies from the antrum it should be remembered that the cavity is occasionally divided by partial septa of bone projecting from its walls, forming pockets from which the body can only be removed by introducing curved scooping instruments. This condition would also naturally interfere with thoroughly cleansing the cavity by injections. I readily call to mind a case that occurred in my practice two years ago, who had been previously treated by a physician for neuralgia; there was some enlargement of the cheek, and I found the left superior cuspid absent and the first and second molars badly decayed. I came to the conclusion that there was something wrong with the antrum. I extracted the decayed teeth, the extraction of the second molar being followed by a free flow of pus. There was no trouble in passing the probe through the opening into the antrum, where it struck something hard, which proved to be the missing canine. On being removed by Dr. Robinson and myself, its end was found to be necrosed, and it was somewhat honeycombed. The cavity was injected with warm water and the parts readily healed.

In antral diseases, however, as is readily to be inferred, very much depends on the nature and amount of the secretion. A profuse discharge, with closure of the orifice of the sinus, must necessarily entail the most untoward consequences; the walls of the cavity will attenuate until (unless surgically relieved) the weakest point gives way, the rupture being most apt to occur either into the orbit or the mouth. Not unfrequently, however, this weakest point seems to be the canine-fossa; the opening also occurs at the tuberosity. My experience leads me to the conclusion that the hard palate is by far the most common point at which such matter seeks egress. The tumor will be seen bulging from one side of the mesial line, the swelling advancing more or less rapidly, until fluctuation becomes distinct. A sign diagnostic of this class of tumors is, that the internal boundary is apt to be quite abrupt, and that it does not pass the line of the mesial division. The establishment of a fistula relieves at once the sense of distension, and, if such sinus have opened in a convenient place, as within the mouth, the patient feels disposed to congratulate himself on having come to a sufficient cure. Unfortunately in the majority of cases, this satisfaction is of short continuance; for, independently of the fact that the disease at once takes on chronicity, making the sufferer an object of disgust to those with whom he is brought into immediate contact; the fetor of the discharge, under some circumstances, being really unbearable—the undue retention of the secretion within the cavity is a source of such irritation to the parts that not unfrequently the most serious lesions result. In some instances, happily rare, all the bones of the face are destroyed. My own personal experience, however, combined with that of others, has impressed me with the truthfulness and propriety of the conclusion, that the diseases of the antrum are, for the most part, simple in character, easy of diagnosis, and, as a rule, not at all difficult of treatment.

ADDRESS OF WM. PORTER, M.D.,

President of the Tri-State Medical Society, at its Meeting held at Indianapolis, September 18, 1883.

GENTLEMEN—In calling me to your chief office you have given graceful recognition of that department of our work in which with many good comrades it is my fortune to be enrolled. For this and for the personal compliment, I thank you. Such an act, by such an Association as this, shows that here at least there is no conflict between those who endeavor to combat all the physical ills of humanity, however classed, and those who are devoted to special labors.

In acknowledgment, I had at first thought to present a report upon a special topic, but thanks to the widely distributed medical journals of the day, and the compilations and reviews on every hand, there is little necessity for such a rehearsal; moreover, I am not here to investigate laryngeal diseases or thoracic degeneration, for with you in this good cause there is neither aphonia nor faulty heart action.

Therefore, gentlemen, I have chosen to speak very earnestly to you regarding the interests of this Association, and the position you have given me, for the cause we all hold dear. Just now, when our ranks are being rapidly filled and our organization claiming and receiving the notice due it, cool heads, warm hearts and determined spirits are needed that advantage may be taken of the incoming tide of favor.

One of the dangerous periods in the history of a Medical Society, as with a Nation, is that which follows a successful struggle for existence. Then, when full life has been obtained and opposition from without been silenced, sometimes strange apathy, a satisfied drowsiness, steals over all and soon we write: "Ilium fuit," or as we would apply it, "the late Medical Society." If with Nations "the price of liberty is eternal vigilance," with us the cost of successful medical organization is eternal work.

Thus far we have in the rapid progress of the Tri-State Medical Society cause for comgratulation. Much we owe to those few earnest men (need we name them?) who first laid the foundation and have since aided in every advance—to what purpose let this assembly answer. Year after year our numbers have increased and new fields have been added. Medical journals from all sides seek our reports and good friends from distant States visit us. The

President of our National Association sends us greeting, from the great heart of Gross comes a warm "God bless you," and from over the ocean come words of cheer from our last year's honored guest, Mackenzie.

OBJECTS OF ASSOCIATION.

Having then attained this measure of success, let us see what we are here for, and take counsel together for the future.

1. Personal Acquaintance.—One of the chief results of a regular attendance upon the sessions of almost any Medical Association, is an extension of personal acquaintance. This is a much more important matter than would appear at first sight. A recent writer says: "To know a man personally is generally to estimate him aright." Many a man can in the quiet of his own library, shut in from his fellows, write an attractive essay or compilation, and yet be little worth in the sessions of an active Medical Society. Such a one is generally a failure in securing and maintaining a private practice. His want of success is not because he is a student, but because he is nothing more. I pity the man who is known to his fellows only through the medium of a printing press. The touch of a physician's hand brings him nearer to you than all the tracings of his pen. True scholarship is a royal attainment, and the press has placed the stamp of nobility upon the quiet brow of many a recluse; but to research and book lore, a physician must add personal acquaintance with, and practical knowledge of his fellows. The agency of Medical Societies in contributing to this result can not be ignored, and a man's progress may often be traced by the impression made by him upon his Society's records.

2. Harmony Among the Men of the West.—While one of the objects of this Society, in common with others, is the cementing of valued friendships and the attrition and brightening influence of personal contact, yet we have, even in this field, a more definite work.

The members of this Association are from different parts of our great Western Empire, and different States and local Societies claim us. Living in these days of rapid travel and easy communication, harmony should prevail among us, and does. Still, except in this Association, there has been no general movement to organize our sectional elements, to bind these workers together, and with united effort to keep pace with the mighty advance of other interests around us. In other callings, I see

"Men, my brothers, men, the workers,
Ever reaping something new;
That which they have done, the earnest
Of the things that they shall do."

We have no need to blush for our guild, but each year brings a pressing need for union and harmony in our ranks, as well as for a better knowledge of our professional resources and advances.

In these days, Societies having certain objects in view are rapidly formed, and there are special associations for almost every department. Now let this be a special Society, or rather, a Society with definite objects, and these—personal acquaintance, harmony and professional advance in the West.

SPECIAL FEATURES.

1. Non-legislative.—There are some points of difference between the work of this Association and that of most Medical Organizations. As far as possible it is non-legislative, all our time being given to scientific work. It has been said that its success is inimical to the interests of the different State Societies and to the American Medical Association. This is in no sense true. The men here are among the active members of the State Organizations of the West and leaders in the numerous District Medical Societies. We aim to refer all complaints back to such Societies, and are not constituted a Court to try local grievances.

2. Loyal.—More than this there is probably no large Society in our land the members of which uniformly respect and indorse the formulated principles of the National Association. I congratulate you gentlemen that there has been no "ethical" wrangle here, and that those guiding lines laid down by Percival eighty years ago are honored by us to-day. We yield to none in loyalty to those undying principles which have become the watchword of professional integrity throughout the English speaking world. Let us be very honest in our position. The code when intelligently understood and followed cannot be successfully attacked. It is only when misinterpreted and made a cloak and a defense for charlatanism and selfishness that reproach is brought upon it. He who would bring a good law into disrepute by false rendering and oppressive enforcement is a greater criminal than he who ignores all law. The latter acts for himself; the former brings the vast machinery of the Courts to aid him. There are men who would use the code as an instrument of torture, were it embodied in the Declaration of Independence, and there are others who would oppose it had it been the preface of the Ten Commandments.

3. Three Sessions Daily.—It was certainly a proof of the earnestness with which our work has been carried on that three years ago two propositions were accepted. The first was that we decline, with thanks, all invitations to receptions, banquets, etc., that would attract us during our session from our proper work. This seems severe, but the citizens at our meeting places have understood it. We value their attentions, but work is the order of the

day in these ranks, and we have plenty to do. Besides we wanted bees and not flies.

4. Limit to Papers.—A second proposition was the limitation of papers to twenty-five minutes. This too has given a good result, for instead of a few elaborate,exhaustive,and too often exhausting essays, we have time for more concise practical communications, clinical reports and discussions. These changes having become laws, I would not discuss them, we knowing their good effect.

SUGGESTIONS.

1. Note Taking.—Let me take this opportunity of urging the importance, the almost necessity of more attention to note taking, and recording and reporting clinical facts. While a few men write too much and too often,most men do not write enough. I can point you to men with large experience and grand opportunities for investigation, men of sober judgment and apt in their calling, who have not placed one single observation on record. Such lives are too valuable, such knowledge too dearly bought, to be sealed up when the lips are closed forever. Though the fleeting hours speed hurriedly out of sight, "thou has not lost a day of which there is a record."

There should be a due proportion between the daily routine of practice and the literary work of the physician. A small percentage only of experience is catalogued for the benefit of others. One may be able to act promptly and speak wisely, and to little purpose, but

"A small drop of ink,
Falling like dew upon a thought, produces
That which makes thousands, perhaps millions, think."

There is no danger that concise, well-matured writings will be crowded out of sight; the driftwood will float away,but that which is shapen by experience and fastened by logic will remain. A few sentences carefully chosen and modestly indited have saved many a man from oblivion.

2. Official Reports.—A practical suggestion here presents itself. One of the features of this Association is the discussion had upon the different topics introduced. Heretofore much of this valuable material has been lost, and at times very imperfect abstracts have been furnished the journals. Thus far the medical journals all over the country have given us substantial aid, and it is not only to our interest, but a just return to them, that accurate reports of our proceedings are made.

We should have official reports compiled and condensed under the direction of our Secretary or Committee on Publication. This would give at least a standard from which such periodicals as desired our transactions could make abstracts. This year happily a number of journals are well represented by correspondents, and we should next year increase their facilities for securing our records. We believe the Association has acted wisely in deciding that our proceedings be placed at the disposal of the journals rather than pnb ished in bookform.

3. District Aids.—To a further suggestion I would ask special attention. The interests of this organization are now so important that no one of them can be neglected. It is impossible, owing to the extent of our territory and rapid increase in membership, that the few chief officers can have full knowledge of the whole work. Our success depends upon individual effort. Let us choose men in each Congressional District, or in each local Society, who shall keep our Association in mind, and use their personal influence for its advancement. To some extent this has been the method pursued during the last two years, and it has answered well.

4. Extension of Territory.—Another question that ere long we must decide is that of extension of territory. Originally including the three States, in a few years Cincinnati and St.Louis were added, which with Chicago, Louisville and the cities and counties already enrolled from Kentucky, Indiana and Illinois, gave the Association a large following Delegates from beyond these confines are now sent to us, and men from other states ask to join us.

The name "Tri-State" is a household word with many of us, but the mountain stream loses its locality, though it may give character to the riv r of the plains. What better structure could be built upon the solid foundations of the Tri-State Medical Society than the stately walls of a Western Medical Association.

5. Increase of time.—Added territory and coming years bring the certainty of added work at our sessions. As it is now great economy of time is required, even though we hold three sessions daily. In another year it will possibly be necessary to extend our time to four days, or to divide it into sections during some of the sessions. The latter should only be considered when it becomes unavoidable. We can work a little longer and move up a little closer, but let us not divide. If it should be that sections must be formed, let but the afternoon sessions be so changed, continuing general sessions both morning and evening.

6. Selection of Officers.—One other thought I beg leave to introduce. The selection of officers is a duty which each year demands more care. It is certainly often embarrassing for a President to choose a committee to name his successor, and at all times the best effort should be made to secure full representation and free choice. Might we not ask that the delegates from each State choose a member of the nominating committee who should

represent the interests of his State in selecting the officers and place of meeting for the coming year?

And now, after a year's patient seed-sowing, your Committee have secured a bountiful harvest; in just appreciation of their labors I ask in their behalf a prompt attendance upon the order of business which they have furnished. Let these three days be grand, good days for our work—an epoch in the history of our Association.

SOCIETY PROCEEDINGS.

WISCONSIN STATE MEDICAL SOCIETY.

[REPORTED BY J. T. REEVE, M.D., SEC'Y., APPLETON, WIS.]

An adjourned meeting of this society, in effect the regular Annual Session of the Association, was held in Milwaukee, Sept. 4th, 5th, and 6th.

DR. T. P. RUSSELL, of Oshkosh, the President, being absent from the country, the usual President's address was omitted; indeed, a characteristic feature of the meeting was the general tendency to discussion of various matters rather than listening to the reading of formal reports and papers. Dr. D. Mason, of Milwaukee, Vice-President, occupied the chair.

After hearing a brief report from the Committee on Arrangements, and occupying a short time with the usual formal ceremonies at the beginning of the session, Dr. J. S. Walbridge presented a paper on behalf of the Committee on Practice of Medicine. The doctor claimed that inasmuch as the busy general practitioner had little time or opportunity for the investigation of the more intricate problems of physiology or pathology, while his facilities for observing the effects of therapeutic agents are of daily and hourly occurrence, his duty to the profession lay in carefully making and recording such observations. Especial reference was made to the anti-pyretic treatment of fevers, the use of quinine and the sponge bath being highly commended. The advantage of thermometrical observations was pointed out, and the defects of some of the instruments found in the market were considered.

DR. WALBRIDGE considered that the fevers prevalent in the northwest were chiefly malarial in character, notwithstanding the facts that intestinal hemorrhage might occur, and post-mortem examination show ulceration of Peyer's patches.

The most important steps now being taken are those which involve microscopic research. If it be established that many important forms of disease are the result of bacterial invasion, our systems of therapeutics must be changed to conform to the fact, the study of contagious disease will be placed on a scientific basis, and preventive medicine will assume greater importance than ever before.

DR. SENN considered that quinine, salycilic acid, etc., acted to reduce temperature by checking tissue metamorphosis. Koch had demonstrated that the evil effects of bacilli or micrococci were produced by their influence in changing the character of the white blood corpuscles, increasing their adhesive powers and causing embolism and metastatic abscesses. Dr. Senn considered that any case of fever in which there was change in Peyer's patches was typhoid in character, and thought the danger of mistaking typhoid fever for that of malarial type greater than that of mistaking malarial fevers for those of typhoid type. In the case of children typhoid is the more usual form. Dr. S. referred briefly to kairin as one of the most valuable of the anti-pyretics, and thought that only its cost stood in the way of its more general use.

DR. STANSBURY agreed with Dr. Senn in believing that the typhoid form was the more common in our continued fevers, though he thought that all the characteristics of true typhoid were sometimes lacking, especially in the milder cases. He had faith in an expectant treatment as giving better results than active medication, the use of large doses of quinine, etc. He thought the non-malarial character of these cases was amply proven by the small effect of quinine in shortening their duration.

DR. MANLEY had given twenty grains of quinine at night to a boy of thirteen who had the primary symptoms of scarlet fever in violent form, and an equal amount the next morning, with the result of cutting the attack short.

DR. WENZEL had doubts of the safety of quinine in doses of forty or fifty grains. He considered the prevalent fevers to be low, continued fevers or typhoid. Malaria in this latitude did not amount to much, the summer heat not being sufficiently prolonged or intense to develop malarial germs. Dr. W. considered digitalis one of the best anti-pyretics in dangerous cases of typhoid or continued fever.

DR. STEELE thought typhoid a *very* rare disease in his section of the State, though there might be a tendency to its increase as population extended and the climatic changes incident to the cultivation of the soil occurred. The type of fevers in Northern Wisconsin he considered malarial, and thought they might be often broken up promptly in their early stages by the exhibition of quinine in doses of ten to fifteen grains daily.

DR. DAY, referring to the use of cold water as a means of reducing temperature, said that he had produced better results by employing hot or warm water; he had found that no excessive or unpleasant reaction followed, which was not the case when cold water was used.

DR. FRENCH doubted whether cold sponging had much effect in reducing temperature; had reduced temperature from 105° to 103° by a cold bath of

an hour's duration, and the reduction was permanent. He agreed with Dr. Walbridge in considering the typhoid forms of fever infrequent as compared with the malarial.

Dr. Barnett agreed with Dr. Walbridge in thinking that remittent fevers were of more frequent occurrence than those of typhoid form, but could not admit that typhoid fever was rarely or never seen; neither could he agree with those who classed all, or the larger part of our low, continued fevers as typhoid.

Dr. Davies believed that the form of fevers was changing. Fifteen years ago typhoid was prevalent in his vicinity, but now is seldom seen, while the remittent type is often met with. He used quinine, not in the large doses favored by some, though it was probable that in the aggregate he gave as much.

Dr. Brett, at Green Bay, had seen but one typical case of malarial fever in eleven years, while he had seen many cases that presented all the characteristics of typhoid.

Dr. Dodson had many typical cases of typhoid, but believed that nearly all forms of sickness are modified by malarial influences. He used quinine in doses of forty-five to sixty grains given at twice, half an hour intervening between the first and second portions, and if fever rises to a dangerous point he repeated the same dose on the second day. Otherwise he depended on cold sponging.

Dr. Manley thought that we often found true typhoid fever, though well-marked *typical* cases might be rare. He had had cases which he believed were due to infected drinking water, and thought that such condition often prevailed.

In fourteen years practice, at La Crosse, Dr. Hoegh said that he had never seen a distinct case of remittent fever, while cases of typical typhoid, identical with cases occurring in Norway, where malaria is unknown, the identity being further established by *post-mortem* examination, were numerous. He considered the disease contagious and had little faith in quinine.

Dr. Mann read an account of a case of typhoid fever followed by enormous enlargement of one leg, the swelling being accompanied by great pain, especially along the course of the femoral vein. All the symptoms were those of phlegmasia alba dolens. The patient ultimately recovered, though pneumonia occurred during his illness.

Dr. Barnett had seen similar cases, and said that Stokes asserted that they were the same in character as the swelling of the leg which sometimes follows parturition, and had actually called them phlegmasia alba dolens.

Dr. Senn believed that thrombosis of the femoral vein, caused by a deficiency in the *vis a tergo*, produced the swelling in such cases, while septic phlebitis was the cause of "milk-leg."

At the annual meeting of 1882 "The Pathology and Morbid Anatomy of Tuberculosis," upon which a paper by Dr. Senn had been presented, was referred to the present session for discussion. Dr. Meacher said that it was still a question whether tubercular disease itself was inherited or only a predisposition thereto. Pathologists were at variance upon this point, and the best clinical observers were uncertain in regard to it. A writer in a late number of the *Lancet* says that experience does not teach us whether tubercular disease is inherited or whether the soil is simply made ready for it. It seems to break out in some cases without exposure and after many years.

Dr. Senn claimed that tubercle is always a product of a specific inflammatory process, the inciting cause of which is a bacillus. Koch has demonstrated this by actual experiment. There may exist an hereditary predisposition, but if the general system is robust such predisposition may be successfully resisted, while if there be general debility, a fertile soil is ready for the development of the tuberculous bacilli. The hereditary condition consists in a peculiar anatomical arrangement of cells. The bacillus or micrococcus has a tendency to enter the white blood corpuscle, in the character of which it effects a deleterious alteration which favors local congestion by producing embolus and determines a specific form of inflammation.

Dr. Meacher presented two papers on behalf of the Committee on Surgery, one on Antiseptics, in which he favored dispensing with the use of the spray even in those operations in which it was commonly deemed needful, and stated that his personal experience justified the omission. He considered carbolic acid, corrosive sublimate, and iodoform the best antiseptics known at present, and called attention to the advantages of absorbent cotton as a surgical dressing. The other paper was a report of a case of Lithotrity.

Dr. Binnie read a report of a case of Strangulated Hernia (femoral), the operation for which had resulted in an artificial anus; the case ended in the closure of the preternatural opening, and the complete recovery of the patient in the course of three months.

In his remarks upon this case Dr. Binnie earnestly recommended operation at an early period in similar cases, believing that prolonged taxis was actually dangerous, by reducing the strength of the patient, while an operation performed while he was still in good condition was attended with comparatively but little risk.

Drs. Stansbury and Reynolds preferred the taxis after employing opiates and chloroform, and

considered that reduction under such circumstances was generally easy.

Dr. Catlin had succeeded in reducing a hernia by means of an india rubber bandage, which by its prolonged equable compression caused reduction after failure of opiates, etc.

Dr. Brett had tapped the sac with the needle of a hypodermic syringe. He had also tapped the knuckle of intestine in the same manner, and after allowing the escape of the gas from the constricted portion had succeeded in reduction. In one case, after all such means had failed, he had either stretched or slightly torn the fibres of the ring, by introducing his finger nail, after which he had succeeded in reduction.

Dr. Stansbury, of the Committee on Gynecology, presented a paper entitled: "Rest the Great Essential to Complete Involution," in which he took the ground that the period of involution, when normal, is governed by laws as fixed as those of pregnancy, and claimed that many troublesome cases of uterine disease might be prevented by enjoining prolonged rest in bed, after parturition, in order that involution might be fully accomplished.

Dr. Barnett read a paper on Mechanical Gynecology claiming that mechanical support of the uterus has a wider range of usefulness than medical men are inclined to suppose.

Dr. Meacher, Jr., offered a paper on Pelvic Cellulitis.

Dr. Wenzel, of the Committee on Pathology, read a paper upon "The Relation of Diphtheria and Erysipelas to Puerperal Fever," in which he maintained that zymotic diseases, when affecting the puerperal woman, retain their identity. That the diphtheritic patches which appear in or upon the genital organs in the course of puerperal fever are not indicative of diphtheria, which latter disease has its local manifestations chiefly in the fauces. That specific diphtheritic infection has never been known to produce anything save diphtheria. That erysipelas may be contracted and go rapidly on to a fatal termination in a puerperal woman without any external manifestations, and that the diagnosis as between erysipelas and puerperal fever in such a case is extremely difficult during life and may be wholly impossible.

A second paper upon the same topic was read by Dr. Clarke, also of the Committee on Pathology, who thought that the origin of any and all the three diseases mentioned was as yet uncertain. The puerperal condition was one in which the system was illy prepared to resist any attacks of whatsoever kind, and any of the putrefactive bacilli which might obtain a lodgment in the system of the puerperal woman would find a fertile soil and abundant nutriment. The fact that the worst cases of puerperal fever occurred within four days after labor should be borne in mind, as during that time the womb was in the condition which most favored the absorption of poison, whatever its nature. The lochial discharges should be rendered strictly aseptic by means of carbolized gauze, antiseptic, absorbent cotton, etc., etc., during the whole of the first week following parturition.

Dr. E. W. Bartlett presented two papers, one describing a modification of the operation for Cataract, the other on Color Blindness and its prevalence. In regard to this subject a special committee was appointed, consisting of Drs. E. W. Bartlett, K. Hoegh, and B. C. Brett, whose duty is the dissemination of information concerning color blindness and the dangers resulting therefrom, and to secure aid from medical societies and other organizations throughout the State in procuring suitable legislative action on the matter.

Dr. Catlin reported a case in which death had resulted from a supposed attack of bilious colic; post-mortem examination, however, showed an ulcerated and ruptured gall-bladder, which had been filled with gall-stones to the number of about two hundred.

Dr. Manley exhibited an astragalus which had been removed for disease following upon dislocation. The wound had healed well, and the foot was symmetrical in appearance but a little inverted.

The following resolution was adopted: Resolved, that in consideration of the advances made as to a knowledge of the causes of consumption, and of the now known infectious character of the disease, we use all means in our power to have the phthisical members of families, as much as possible, separated from the healthy members, and also that we recommend the State Board of Health to take means to have such persons separated from intimate association with the well in our public institutions.

Dr. Epley read a paper on the Therapeutic Uses of Ergot, which drug he claimed was entitled to rank with opium, quinine, and iron in usefulness. It has great power as an internal hæmostatic, but its chief value is in arresting acute local inflammatory processes, especially in the lungs. In hacking, irritating cough, particularly when a relaxed condition of the mucous membrane exists, it has proven very useful also, and in aborting pneumonia its power was ten times as great as in aborting pregnancy.

Dr. Epley's views were endorsed to a great extent in the discussion that followed the reading of his paper, Drs. Manley, Meacher, Binnie, and Bartlett corroborating several of his claims from their own experience.

Dr. N. M. Dobson, of Berlin, was elected President of the society for the ensuing year, with Drs. E. W. Bartlett and G. W. Jenkins as Vice-Presidents. Drs. Mason, Senn, and Thorndike were elected as Censors. The Secretary's office having

been made permanent no election was had. Dr. Thorndike was chosen as Assistant Secretary.

Twenty-seven new members were admitted to the society, which adjourned to meet in 1884, on the first Tuesday in June, at Milwaukee.

NINTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ILLINOIS, INDIANA AND KENTUCKY,

Held in English's Hall, Indianapolis, Ind , Sept., 18, 19, and 20, 1883.

FIRST DAY—MORNING SESSION

A meeting of the members present was held at 9 A.M., and an adjournment had until 11 A.M., at which hour the members assembled, Dr. Thompson, chair man of the Committee of Arrangements, introducing the Rev. R. C. Haughton, who offered prayer. Gov. Porter was next introduced and delivered the address of welcome.

The President, Dr. Wm. Porter, of St. Louis, was next introduced. The reports of the Committee of Arrangements and of the Committee on Programme were heard, after which the Secretary, Dr. G. W. Burton, of Mitchell, Indiana, read a report, following this with letters from Drs. S. Gross, of Philadelphia, A. Flint, of New York, and Dr. J. Jones, of Chicago, who announced that he would be at the meeting, accompanied by Sir Wm. Mac Cormac, Honorary Secretary-General of the International Medical Congress held in London in 1881.

On motion, the President's address was deferred until the evening session.

Dr. Wm. A. Byrd, of Quincy, Illinois, read a paper for Dr. D. S. Booth, of Sparta, Illinois, on A Case of Torticollis, which will be published in the REVIEW.

In the discussion which ensued, Dr. Cummingor remarked that there was no room for discussion, as the case had been properly treated and was successful in its termination. Dr. Byrd, of Quincy, Illinois, thought that it was a better method to cut than to attempt stretching the muscles. Dr. Haughton, of Indianapolis, thought that often plastic appliances would offset cutting operations. There were certainly cases in which tenotomy is the only thing to be done. But he also believed that there were cases of paralysis mistaken for torticollis, and he wished to say that the surgeon must decide these questions on the merits of the case presented.

Dr. Thompson, of Indianapolis, wished to say that there are men in the United States, in country towns and at cross-roads, who can perform certain operations as well as any great surgeon. Dr. Booth had certain odds against him, as in case of a failure he would have had the two physicians, who opposed him, raise the cry of "I told you so," and sometimes the prick of a needle may induce a fatal erysipelas.

Dr. Ap-Morgan Vance, of Louisville, read a paper on the Treatment of Compound Fractures, which will appear in the REVIEW.

The Society adjourned until 2 P.M.

AFTERNOON SESSION.

Mr. H. J. B. Wright, of Olney, Illinois, read a paper on Nerve Stretching.

In the fall of 1882, Dr. T. H. Johnson and the writer performed their first operation of nerve stretching. The result was such a success that they took great interest in it. About two hundred circulars were mailed to different physicians and surgeons. Only five of them were returned containing the data of twenty-two cases operated on by eight physician . Of the twenty-two cases, eight were traumatic tetanus, eight sciatica, two paralysis, one locomotor ataxia, one an obscure central nervous disease, one dysæsthesia, and one pain following a crushing injury to the left arm. The operation produced good in two of the eight cases of tetanus; one recovered—the other benefited, but died several days after of paralysis of the heart. In each one of the eight cases of tetanus the affected nerves were the ones stretched, the time elapsing between injury and operation being between seven hours and four days, the average being two days. One of the cases of partial paralysis followed spinal meningitis, and the operation was partially experimental; result, slight improvement. The other was a case of paraplegia in both legs with violent cramps. These were relieved in all the muscles except those supplied by the obturator. Dr. Roswell Park sent the data of a case of dysæsthesia which had existed fourteen years, and in which he stretched the right sciatic on June 21, and the anterior crural on the 29th, with no good results. The case of locomotor ataxia was operated on two years after and died in six weeks, the pains only being relieved. The cases of sciatica are interesting, and any harmless procedure that will relieve even one in five cases deserves our consideration. Two of the eight cases were due to pelvic cancer. Pains were lessened in one and cured in the other, both patients soon dying from the effects of the cancer. One case experienced a relief for thirteen days. The remaining five cases were permanently cured.

The case in which we operated was a laborer of good health, aged forty-five. He was taken in the fall of 1874. During the first fifteen months he was under intelligent treatment; he had hypodermics of morphia and electricity among other remedies. When we saw him he could only walk by the aid of crutches and his pains were intense. They commenced at an uncertain point in the right hip, and

extended along the lateral and posterior aspect of the limb to the dorsum of the corresponding foot. His hygienic surroundings were not good. His skin was clear and pale, tongue furred, appetite capricious and alternating constipation and diarrhœa. His sleep was much broken and not refreshing. He was placed upon citrate of iron in sherry wine, cascara sagrada and sulphate of morphia. This was followed by iodide of potassium, strychnine, arsenic, etc. He received a large number of injections of chloroform along the course of the nerve. This relieved but only temporarily. Injections of sulphuric ether gave less benefit.

In November, 1881, the white hot iron was applied over the course of the nerve, and the spots of skin thus burned were painted with strong carbolic acid. This was again resorted to in January, and in March, 1882. Each application did good; after the third, complete cure was supposed to be established. In a few months there was a return of pain in the left leg. In June, 1882, the actual cautery was applied, but it did no good. In July blisters produced no result; in October we cut down upon the nerve just below its usual point of bifurcation in the lower third of the thigh. Having lifted it out of its bed and finding nothing abnormal about it, it was stretched, the force exerted being somewhat considerable. The wound was dressed with carbolized oil. There was alarming constitutional disturbance. Pus formed and burrowed, but openings were made for its escape.

Since the operation—eleven months—he has been absolutely free from sciatica, and now walks by the use of a slender stick, halting a little, due to adhesions from the inflammation.

The prominent facts worthy of special mention may be thus briefly expressed: The operation was productive of good in only two of the fourteen acute cases, while it was beneficial to a greater or less extent in seven of the eight chronic cases. The nerves of the upper extremities were stretched in the acute cases and those of the lower in the chronic. The procedure had no effect on the case of dysæsthesia of fourteen years standing—this being the only one of the eight chronic cases in which there was a complete failure. The five chronic cases reported cured were sciatica. No unpleasant effects are reported as following the operation, except that performed by ourselves. This is reassuring and takes away from the operation the phantom of danger that has caused physicians to withhold the knife.

DISCUSSION.

Dr. Byrd said that the doctor spoke of cutting down on the sciatic nerve low down on the thigh. He had one case and the wound healed up by first intention. Paralysis existed three weeks, and after the operation there was perfect health. He cut the skin under the lower edge of the gluteus muscle. The *rationale*, he thought, was to tear the nerve loose from the bony canal. He has seen cases do badly on account of using too much force in stretching.

Dr. Haughton could understand how pressure at the exit of the nerve would produce pain; also effusion caused by inflammation along the course of the trunk. Probably many other causes work. His idea is that nerve stretching produces a change in the molecular condition of the nerves, and the power to conduct pain is interfered with.

Dr. Myer wished to know what pain is; is it due to an obstruction of flow of nervous fluid? If so, the therapeutics can be explained.

Dr. Wright thought that none of the theories offered were satisfactory. Nerve-stretching is an empirical procedure, but as long as we can cure, it is all we can ask.

The Treasurer, Dr. F. W. Beard, of Vincennes, Ind., next read his report giving the receipts and expenditures of the last meeting, showing a balance on hand.

Dr. Byrd then read a paper by Dr. S. H. Bundy, of Lincoln, Ill., on Suggestions as to the Pathology and Treatment of Pneumonia. The paper opened by a general description of the lungs and their function of oxygenating venous blood. He further stated that the nerves concerned in this are the vasomotor, having their centre in the great sympathetic. Four small nerve centres, one behind and one in front of the root of each lung, forming the pulmonary plexus, supply all the nerves of the lungs. The distribution of the filaments and their connection was then dwelt upon. Authors agree that pneumonia begins with congestion of the lungs and call this the first stage, except Prof. Stokes, of Dublin, who applies the term to the previous *malaise*. Vasomotor paralysis and congestion are correlated to each other and inseparable. Pneumonia begins with congestion; but there is no difference between lung congestion and that of any other organ except in locality. A like train of symptoms introduces them all. The first stage of pneumonia is simply and purely a congestion, depending on the same causes that produce other congestions. The point to be emphasized is that pneumonia, at this stage, is not an *entity;* it is not an inflammation, although this may follow. The lungs are more exposed to sudden changes and liable to be weakened by irritation than any other organs, and hence more subject to congestions; and more people die from these, than from all other congestions together. This need not and should not be. The tendency of lung congestion is to recovery, and thousands recover without knowing they had any lung congestion. If a physician be called to a case of congestive chill, with en-

gorged liver, spleen, or stomach and bowels, he will use stimulating poultices, or burning hot cloths over the congested organs; stimulating applications to the spine, and nerve tonics internally. But if the same physician be called to a case of congestion, preceded by the same symptoms, but involving the lung, instead of employing the same rational measures, he will prescibe a purgative, and if the vitality is strong, he will give some sedative to put out the fires and help the disease to kill the patient! Stimulants over the spinal cord to arouse the sympathetic nerve, stimulating applications over the lungs, and nerve stimulants internally, would, in nine out of every ten cases, give speedy relief. In this stage quinine in large portions is invaluable as a vaso-motor stimulant and equalizer of the circulation. Opium is an efficient remedy, stimulating the cerebro-spinal centres, and securing quiet. Piperine and extract of ginger are capillary stimulants of great value.

Of course, this course would not be admissible in a case of full, sthenic pneumonia; but we are speaking of that variety which depends upon the same central disturbances that produce other congestions, general and local. It may be further objected that such treatment is not applicable to the second stage—hepatization. In the first place, "the congestive stage" continues. The lung is still "congested" until there is absorption of the engorged blood. Secondly, if vaso-motor stimulants favor the action of the blood-vessels and promote absorption, is it not applicable in every stage where engorgement exists?

Here is the trouble—pneumonia was a congestion; but now there is effusion. There are "effusion" and fever; what of it? Was there ever a congestion without more or less effusion through the relaxed vessels into the surrounding tissue? The effusion is rapidly removed when the vessels resume their tone. The fever is the manifestation of nature's struggle for relief. Her energies may be insufficient or misdirected, and fail if unassisted; or embarrassed and defeated by improper interference. All cases cannot recover; if there be general vaso-motor weakness, it may induce a general congestion and death from "congestive chill," although the lungs were first engorged. But, if promptly treated, some of these cases may be brought up and saved; and if there be vitality sufficient to establish general reaction, with tolerably good circulation, etc., ninety-five per cent. of these cases might be relieved.

No difference for the "stage;" every stage is a local engorgement, calling for capillary action, and hence demanding stimulation. Thus treated pneumonia may be rapidly and generally cured; but the work must be quick and vigorous, with no relaxation short of relief or death. If the heart is being over-stimulated, check it with an appropriate remedy; if over-worked, sustain it, but, in the meantime, push your vaso-motor stimulants to the engorged organs, through every available channel, as you value the life of your patient, and you will seldom be disappointed in their efficacy, or fail of success.

DISCUSSION.

Dr. Field thought that the whole object in the treatment of pneumonia is not to deplete too much. He stimulates with acetate of ammonia and is not too expeditious in treatment. Sustain your patient and stimulate him and he will recover.

Dr. Morse said that in late days there has been much less activity in treatment. Like surgical cases, these require rest. Nature provides rest by solidifying the lung until resolution takes place. The indications for treatment (except in asthenic cases): hot applications externally to keep the temperature uniform and increase the cutaneous secretion; opium in stimulating doses. Different stages require different treatment.

Dr. Thompson moved, and the motion prevailed, that the afternoon session of Thursday be held at the Insane Asylum.

The next paper was by Dr. W. S. Haymond, of Indianapolis, Ind., entitled: A Case of Fracture of the Skull of Eighteen Years Duration—Traumatic Neuralgia—Operation.

Lady, æt. thirty-four, married fifteen years, mother of four children, all deceased. Eighteen years ago struck on the forehead by a stone and felled by the blow. Severe concussion resulted and unconsciousness lasting an hour, after which she speedily recovered. The existence of a fracture was overlooked or denied by those who examined her. In about two months she became the victim of intense suffering, the pains being neuralgic and intermittent. These increased until lately she obtained no rest without opium.

Has tried every plan of treatment for neuralgia with nothing but temporary relief. About a year ago an abscess opened in the median line of the forehead a little above the margin of the hair, a discharge of foul pus continuing up to the time she came. On examination July 7, an opening was found in the scalp two lines in diameter, extending to the bone, which was rough and denuded, with a sinus extending to the nasal tuberosity. The pain was unendurable at this time.

In addition the patient had a tumor in the upper right eye-lid extending back under the orbital plate. This tumor had been discovered but three weeks before, and was the size of an ordinary chestnut and was growing rapidly. The patient readily consented to have the tumor removed, as also the dead bone.

The operation was performed on July 9. The tumor was first removed. The frontal bone was exposed by a crucial incision, and was, from three-fourths to one inch above the junction of the hair and superciliary ridge, a distance in a perpendicular direction of nearly three inches, and of a width of nearly two inches, found to be a rough, ulcerated and suppurating surface. A digital exploration showed that a portion of the outer table of the frontal bone had been broken in. The depressed fragment was wedge-shaded, wider below, three inches long, and nearly two in average width.

All denuded and ulcerated and softened portions of the bone were removed, involving the greater portion of the external table and isolated portions of the internal.

Both tables were consolidated through inflammatory changes; trouble was experienced in separating them. A disc of bone was trephined the size of an ordinary lead-pencil. This showed that there was depression of both tables as well as firm adhesion between the dura-mater and skull. After a tedious operation, the removal of the diseased portion of bone was effected, leaving a thin stratum of the internal table as a covering and protection to the brain.

The flaps were closed and a tent inserted. Next day the patient looked better and had slept the night before. Very little constitutional disturbance followed the operation. Extensive suppuration followed and was treated by washing out. The last visit made to the patient was about the first of this month. The denuded bone was found well-covered with fleshy deposits and the discharge of pus had nearly ceased. She informed me that her neuralgia had subsided. Notwithstanding the unfavorable prognosis the progress toward recovery has been rapid and steady.

Among occasional consequences attending a simple blow on the head is hypertrophy of the bone. This may proceed for years and result in an enormous thickening of the calvarium. Caries and necrosis of the skull are occasionally due to simple contusion in which both tables may be involved, but the external alone is much more frequently. Dr. Abercrombie mentions a case where the inner table was extensively destroyed from simple contusion. In the case under consideration there was probably contusion, and, in addition, a fearful crushing in of two-thirds of the frontal bones, from which progressive mischief has been going on for eighteen years. In closing, the author expressed his belief that the case was remarkable, not only for the extent of the injury, but for the severe and persistent sufferings of the patient, and especially the long period of time that elapsed before the external manifestations of the destructive process going on in the broken, depressed skull became apparent. And it is also somewhat remarkable how the patient survived such a dangerous lesion for so many years, struggling under unceasing torture and yet be able to labor and perform her household duties.

DISCUSSION.

Dr. Pierson said this recalled a similar case occurring in his practice. There was paralysis of the right side, a tumor forming in the right temple, sight absent in right eye and the ball protruded. The wife remembered that some time previously he had been struck on the head but no cut produced. Complained of headache during summer. Day after visit he died; but no post-mortem was allowed. Dr. P. felt satisfied the blow was the cause.

Dr. Haughton was sorry the fragments of the bone were so small. The lesson taught us by this is that even in cases where death seems to stare us in the face, we are justified in doing something. There are many questions in regard to trephining, but there is none as to its being the proper thing to go down to the bone and see what there is.

Dr. Byrd stated that he had reported, at the last meeting, a case where he had operated over the ethmoid bone. Last Thursday he trephined a woman for insanity. She was kicked by a horse eighteen years ago. Is married, has had four or five children, and five years ago became insane and sent to the Chester Asylum, without benefit. The bone was over a half-inch thick. Is pretty rational now. In the paper read, he thought the case probably specific in nature, the children having all died.

Dr. Willard thought that the result justified the operation in the case reported. He thought that in cases of depression no operative procedures should be indulged in, at least not until mental or nervous symptoms come on.

[*Continued in next issue.*]

ERRATA.—In some unaccountable manner the types have made us say in our issue of the 8th inst., on page 188, that "a department of medicine is to be opened this fall in connection with the University of Michigan," when it is well known to all our readers that such a department has not only been in existence in connection with that institution for more than a score of years, but that it has an established and far reaching reputation. If the word Buffalo be substituted for the word Michigan the true sense of the article will be brought out. Also on page 181, second article, second line, third word, for savage read sewage.

THE WEEKLY MEDICAL REVIEW.

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HOT WATER AND INFLAMED MUCOUS SURFACES.—Dr. George R. Shepherd, Hartford, Conn., says in the Med. Record: I have used hot water as a gargle for the past six or eight years, having been led to do so from seeing its beneficial effects in gynecology. In acute pharyngitis and tonsillitis, if properly used at the commencement of the attack, constitutes one of our most effective remedies, being frequently promptly curative. If used later in the disease or in chronic cases, it is always beneficial, though perhaps not so immediately curative. To be of service it should be used in considerable quantity (a half pint or pint) at a time, and just as hot as the throat will tolerate. I have seen many cases of acute disease thus aborted and can commend the method with great confidence. I believe it may be taken as an established fact, that in the treatment of inflammations generally, and those of the mucous membranes in particular, moist heat is of service, and in most cases hot water is preferable to steam. All are familiar with its use in ophthalmia and conjunctivitis, as also in inflammation of the external and middle ear, and I feel confident that those who employ it for that most annoying of all slight troubles to prescribe for, viz: a cold in the head, or acute coryza, will seldom think of using the irritating drugs mentioned in the books, nor of inducing complete anæsthesia with chloroform in preference to the hot-water douche. It is important to recollect, however, that to be effective in this disease, it must be employed in the first stage of hyperæmia. Nor is the urethral mucous membrane any exception to the general rule. Cases of urethritis and gonorrhœa are benefited or cured by its use when applied to the commencement of the inflammation. In the cure of gleet, I know of no other agent so often serviceable. Where there is stricture, almost any case of gleet will yield in a short time to the use of hot-water douche followed by mild astringents. Keep in mind the principle of its curative action, viz.: the removal of hyperæmia, and the local sedative influence, and there will be found few cases of inflammation of mucous membranes where it will not, at some state of the disease, promote a cure.

DR. A. H. DOTY SPEAKS in the following terms of koumyss in gastric affections (Clinical Brief): There is no doubt of the uniformly good results attending the use of koumyss, not only as an article of diet in health, but in the majority of gastric affections; it certainly has a large range and is not confined to any age, acting as well in the gastric disturbances of the infant due to impaired nutrition, in the atonic condition of stomach in the age which is not generally benefited by the usual stomachic tonics, having aftertimes a remarkable effect in alcoholic gastritis, and particularly in all cases where a general depression exists, phthisis, convalescence from fevers, etc. The good effect of koumyss is often compromised by neglect of a proper administration. It is important that small doses should be given at first, generally a tablespoonful to an adult, and a teaspoonful to a child, it can then be gradually increased to almost any amount in the adult; however, in infants and children more caution should be used in increasing it, as this class of patients are more susceptible to an overdose. In the majority of cases it is more grateful to the adult when given cold or iced; however, in children it should not be given too cold. It it is advisable that all the "life" possible

should be retained, the cork need only be partially removed from the bottle when the koumyss is required; the champagne tap is of no use, as the fluid is too thick to be properly forced through the tube. The same beneficial effect cannot be derived from that variety of koumyss which is sweetened. Patients who regard koumyss as unpalatable, at first, readily cultivate a liking for it.

There is hardly a trade or avocation that does not subject those who follow it to some peculiar disease-producing influence. Painters and other lead workers are known to be subject to diseases resulting from the continuous absorption into the body of small particles of lead. The cutlery-grinders of Sheffield and Birmingham, England, and of the Eastern American cities, are known to be largely the victims of lung and other diseases resulting from the inhalation of small atoms of metal. It now appears that potters are similarly afflicted. Thus, the ash left after the incineration of the lungs of a potter who had died from pulmonary trouble, was found to contain the astonishing amount of 49 per cent. of silica, 18 per cent. of alumina, and 5 per cent. of the oxide of iron—materials with which he had been working for years before his death. The conclusion suggested by this isolated case is confirmed by very ample statistics, collected by the Registrar-General of England. It is ascertained that there are 45,000 persons engaged in the potteries in England and Wales. The death-rate among the male element of this class is 38 per cent. higher than that among the male element of the community at large.

The Following History of a case of infantile menstruation is given by Dr. A. Van Derveer, in the American Journal of Obstetrics: The child is now two years and seven months old, and began a regular normal flow lasting from four to five days, when she was four months old, and which has continued every twenty-eight days since. She weighs forty-nine pounds. Features and form that of a girl ten or twelve years old. Her mammary glands are as large as a small orange. The mons veneris is well developed, and covered with a full growth of hair. The external labia large, and all parts of the vulva fully formed. She is bright and intelligent, but easily irritated, especially so at the beginning of the menstrual epoch. She is not allowed, nor does she seem to care, to play with children of her own age. Her appetite and tastes belong to a child much older. All functions seem to be performed normally. Has never been troubled with leucorrhœa. Has never shown any disposition to handle her parts or masturbate in any way. Is, in fact, quite modest with her mother, and particularly so with her father, and when I made my examination. Her physical condition is splendid in development, there being no disease of the spine. She plays some with her dolls, and while it is difficult for a stranger to understand her speech, her parents have no trouble in that direction. December, 1882, and January and February, 1883, she did not menstruate, and in her actions was very much more fretful, and inclined to be wakeful at night. March 18, it came on again as of old, and has been normal since, she really appearing better in her disposition. No case of the kind was known in the family.

Dr. Gruening presented to the New York Soc. of German Physicians (N.Y. Med. Jour.) a phthisical globe which he had enucleated from a man fifty-five years of age. The globe was the seat of melano-sarcoma. The sight of the eye had been destroyed by pan-ophthalmitis eight years ago. The shrunken globe remained quiescent for five years. For the last three years it had been red and painful, and the patient also complained of headache. For the last three weeks he vomited, and the sight of the other eye began to fail. On examination with the ophthalmoscope, the optic nerve of this eye was found to be atrophic. The sunken globe, which was very hard and permeated by large veins, was now enucleated. After division of the conjunctiva and the muscles, the globe did not protrude as usual, and, by introducing a finger, a tumor could

be felt at the junction of the globe and the optic nerve. After excision, the eyeball was found to be filled with masses of melano-sarcoma which had invaded the optic nerve and chiasma, and thus caused atrophy of the other optic nerve, and finally death by implication of the brain. Sarcoma of the eyeball usually extends by way of the orbital fissures, and rarely by way of the nerve, as in this case. Fuchs had collected 259 cases of this growth, among which only ten proved fatal by direct extension to the brain, the remainder causing death by metastasis. One case similar to the one described by Dr. Gruening has been published by Dr. H. Knapp.

Every Death from Chloroform or ether as an anæsthetic should be conscientiously published. The Mississippi Valley Medical Monthly says: Mrs. Samuel Scheibler died suddenly at the office of Messrs. Wesson and Son, in this city, August 16th, while under the influence of "Sansom" administered by A. Wesson, Jr., D.D.S., for the purpose of extracting a tooth. "Sansom" is an anæsthetic composed of two parts each of chloroform and alcohol, with one part of sulphuric ether, and so christened in honor of the author of the formula. The patient was seated in an operating chair, and a handkerchief saturated with the mixture placed over the mouth and nose. It was not long in producing a decided influence, which was soon followed by death. She was then lifted from the chair and placed in a recumbent posture; physicians were called and every effort made to restore life, but without avail..

M. Vieusse, surgeon-major of the miltary hospital at Oran in Algeria (Gaz. Hebd.) recommends the use of subnitrate of bismuth in hyperidrosis. In an experience covering fully fourteen years he has met but with one case that was not entirely cured, and even in this one the offensive odor and pain were permanently removed. The treatment is adapted to all the forms or rather degrees of severity in which this annoying and disgusting affliction is encountered. From five to seven drachms of the powder should be rubbed daily into the feet, taking care to place it also between the toes. A week to a fortnight suffices, as a rule, to effect a permanent cure. M. Vieusse attributes a purely local action to the bismuth. Under the action of the sulphydric acid of the perspiration "the bismuth loses a part of its base, and, becoming acid, exercises an astringent and slightly caustic action on the skin." In consequence of this, the epidermis becomes more strong and firm, and separates with less facility from the underlying tissues. The better tone thus imparted to the skin tends to lessen the amount of blood that circulates in it, and this diminishes the amount of secretion of the sweat and sebaceous glands. At the same time, the cutis, protected by a thicker and more resisting covering, does not become demanded, and the pain due to this diminishes.

Dr. A. Van Harlingen describes a peculiar affection of the nails in hereditary syphilis in the Medical News. The child was undoubtedly syphilitic, but the most peculiar feature presented was the condition of the finger and toe nails. The latter were affected first. Examination showed the nails of both fingers and toes to be alike affected, being partly curled in on their lateral edge until they occupied less than one-half or scarcely even one-third of the entire width of the nail-bed. Growing out some little distance beyond the ends of the fingers and toes, the nails bent over in a claw-like shape so as to resemble the claws of a dog or other animal, a resemblance made stranger by the dark, brownish discoloration of the nails. The surface of the contracted portion was furrowed with fine transverse markings, while the proximal portion of the nail-bed from which it sprung was thrown up into ragous folds. The nail-bed alongside of the contracted nail was somewhat roughened and slightly brownish. The diseased nails were not thickened, and were not in any way mis-shapen, except for the perfectly uniform changes just described, which involved all the nails in precisely the same manner. A rapid amelioration followed spe-

cific treatment, and the deformed nails were gradually thrown off and followed by healthy ones. The case is somewhat unique. There was no ulcerative action, nor even any appreciable amount of onychia. It was merely a very unusual form of dry oryxis. No sign of return has shown itself, the nails for the most part having assumed a perfectly healthy appearance, and in a few months, all trace of any former affection of the nails will, in all probability, have disappeared.

In Cases of Eczema in which glyceroles and unguents have failed (Obstetric Gazette), the following formula has been successful: ℞—Chlorate of potassium, 30 grs.; wine of opium, 30 grs; pure water, 1 quart. Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation, precede this with warm hip baths and cataplasms sprinkled with powdered carbonate of lime. In obstinate pruritis, associated with leucorrhœa, a tablespoonful of a mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar water (tar water holding the iodine in solution), used daily, night and morning, removes the pruritius and ameliorates the leucorrhœa. In fetid leucorrhœa two or three tablespoonfuls (in a quart of warm water, morning and evening, as an injection) of the following formula will be found useful: ℞—Chlorate of potassium, 13 grams; wine of opium, 10 grams; tar twater, 300 grams. Or, ℞—white vinegar (or wine), 300 grams; tinct. eucalyptus, 45 grams; acid, salicylic, 1 gram; salicylate of soda, 20 grams. One to five teaspoonfuls in a quart of warm water as an injection two or three times a day.

The Following occurs in the Medical Age: A bibliophile who has been rambling through his older books and journals, has communicated to the Midland Medical Miscellany some remarkable quotations, the tendency of which is to show that the last half century has witnessed quite a change in the form of medical journal amenities. As an illustration witness the following reference by the Lancet (in 1828) to a rival journal: "A friend of ours was sitting lately in Callow & Wilson's reading room, when that facetious Wight, Joe Burns, entered and took up the first weekly excrescence of Leod's Yellow Fungus; he had just raised it to reading distance, when he suddenly removed it from the neighborhood of his olfactory organs with a gesture and expression of face indicating strong disgust. Joe was asked what he had got there. 'A bat's——' was the short reply, affording an unexpected confirmation of the naturalist's remark on the bat: 'Alvi dejectiones in hoc genere fœtore horribibi imbutæ sunt.'" In re-referring to other rivals the same journal, now so eminently proper in its utterances, remarked: "Some despicable imitations of the Lancet have arisen, stunk, and become extinguished. One or two are still emitting a like fætor." O tempora, O mores! Fortunately other times and other manners have come.

A Case Recently Occurred in the West (Maryland Med. Jour.) which may be commented on, perhaps, with advantage. A young lady was attending a music-school in Cincinnati. After an absence of some days in Kentucky she returned and was immediately taken ill with symptoms of purpura hemorrhagica, this diagnosis being concurred in by two consulting physicians. She was treated for purpura and died in eight days. The possibility of its being hemorrhagic small-pox was suggested but not accepted. No precautionary measures were adopted. The body was sent by express to Illinois, where the coffin was opened and examined as to its identity in the presence of relatives and friends of the deceased. On the following day burial took place in the neighboring cemetery in the presence of a number of persons. Five of those thus exposed were taken sick on the eleventh day after and two died, one of hemorrhagic variola. Four other cases occurred subsequently, all recovering. At the school in Cincinnati three of the inmates were attacked, one of whom died of the purpuric form of small-pox.

Dr. Rohe Exhibited to the Baltimore Academy of Medicine (Maryland Med. Jour.) a girl, thirteen years old, with the following history: When two years old a reddish patch was noticed under her eye. This spread until it involved the entire face, ears, and neck to clavicle, the palms and back of hands, in one arm extending to the elbow, in the other to midway between the hand and elbow. There is very little infiltration, but the surface is rather scaly. There has never been any vesiculation nor fissure, nor itching, nor discharge of fluid. The finger-nails are ridged transversely. There are circinate markings on the face. Under the microscope, with a one-fourth inch objective, no parasite is discovered. This is an affection which was described two years ago by Duhring, as pityriasis maculata et circinnata; but in the last edition of his book he terms it p. rosea. In D's cases it ran its course within two months, and the same occurred in some cases reported by French observers. The English have never observed it. The treatment, which has now continued for three weeks, has consisted of full doses of cod-liver oil and an ointment consisting of yellow oxide of mercury gr. xv. and vaseline ℥i, smeared on cloths in which the hands are kept wrapped all night. The ointment was used experimentally, but she has exhibited marked improvement, giving hope of her ultimate complete recovery. The pathology of the disease, of which Duhring is the only American who has described a case, is unknown.

Dr. Wm. A. Thom, Jr., writes as follows to the Virginia Medical Monthly on a case of arnica poisoning: On Friday, April 6th, I was called to see Luther Philips, a negro laborer, aged twenty-four, who four hours before had taken a fluid ounce of the tincture of arnica. I found him lying in a state of absolute insensibility, breathing eighteen times to a minute; not stertorous; pulse 100, full and strong; temperature normal; pupils slightly contracted, but not sufficiently so to attract attention without close examination. He was so thoroughly insensible that the application of the flame of a lamp failed to produce the slightest reflex action; the conjunctivæ were without sensation. I was told that half an hour after taking the arnica he had been found lying as I found him; there was no vomiting or purging. Remembering Dr. Bertin's case, published in the London Lancet of November 19th, 1864, in which collapse came on ten hours after the ingestion of the drug, I at once ordered drachm doses of brandy every fifteen minutes, with hot pediluvia every half hour. At six o'clock P.M., ten hours after taking the arnica, he began to show signs of returning sensibility, only manifested by reflex response to cutaneous irritation. At twelve at night he became wildly delirious, remaining in this state for several hours, after which he fell asleep, awakening on the morning of the second day with dizziness and inability to walk straight, great burning pain throughout the alimentary tract. During the day he had three very large watery evacuations, with profuse diuresis. On the third day he was quite well. The chief interest of this case lies in the fact of its extreme rarity. In Bertin's case there were no symptoms until the collapse came on ten hours after taking the drug. In mine the effects were immediate, and there was never the slightest sign of collapse. In both, brandy and hot water were used with like good effect.

Dr. Robert B. Morrison, of Baltimore, says, in the New York Medical Record of July 28th, 1883, he has watched the treatment of eczema by Professor Pick, of Prague, for some months, and is greatly struck with the simplicity of its action, its cleanliness, and its most excellent results. Instead of the troublesome use of powders and salves, which in Vienna must be applied at least twice a day, the patient in Prague has immediately wrapped over his diseased parts linen bandages smeared with unguentum saponis containing five or ten per cent. salicylic acid. This is applied in any stage and left in situ a week. After the bandages are applied they are covered with what is known as tricot,

which is manufactured for Prof. Pick in England. A patient thus dressed is able to go about his work with no inconvenience to himself, and no injury to his clothes. After a week's time he appears at the hospital, the bandage is removed, and the disease examined. If it is found necessary, from the still remaining inflammation and induration, a fresh bandage is applied and left on for another week. Then the gelatine is applied in the following manner: a portion of a mass made by dissolving fifty grammes of the purest gelatine in one hundred grammes of distilled water, and which has been allowed to cool previously, is melted by putting it in a cup and placing the cup in hot water. To this is added the required strength of salicylic acid, usually five per cent. When sufficiently cool this mixture is painted upon the diseased parts with a painter's brush made of bristles, such as is used in applying tar. The layer of gelatine is made about as thick as a sheet of writing paper, and after it is dried is gently covered with a minimum quantity of glycerine spread on with the hand. The use of glycerine is found necessary to render the gelatine layer pliable, and to prevent it contracting and thus irritating the skin. It takes a very small quantity of glycerine only, after the plaster has dried on the skin, to render it soft and pliable. With such a gelatine bandage, a patient seldom feels the slightest itching, the diseased parts are seen through the the transparent layer, thus rendering the progress of the disease visible without the removal of the application, and what is much more agreeable to the patient, an ordinary bath removes all traces of it. So easy is this method that the patient can make his own applications in most cases. There is no reason why the medicated gelatine should not be immediately applied in any cases of eczema at any stage; but experience has shown that salicylic acid first applied in the worst stage of acute eczema in the form of salicylated soap ointment for a period long enough to reduce the inflammation, renders the use of medicated gelatine more prompt in its results.

Rein, of St. Petersburgh, concludes from experiments on rats, mice, rabbits, etc., that the essential nervous plexus of the uterus lies outside of the uterus, mainly in the cellular tissue surrounding the vagina at the point where the hypogastric plexus anastomoses with filaments of the sacro-uterine nerves. Many ganglionic cells are found in it, lying for the most part along the course of the principal nervous branches which go to and come from the plexus (Amer. Jour. Obst.). The upper limit of these cells is at the beginning of the tubes; the lower limit is lost in the vaginal plexus. No fibre either from the hypogastric plexus or from the sacral nerves goes to the uterus without first passing through the uterine plexus.

A Case of traumatic dislocation of three phalanges of the left hand is reported in La France Médicale of August 25th. A sailor forty years of age applied for treatment at the St. Louis hospital, giving the following history: While engaged in unloading a vessel he fell from the bridge. He struck directly upon his left hand, it being in a state of extension at the time. On examination, the second phalanges of the index, middle and ring fingers were found to be dislocated backwards. The shortening of the fingers was quite appreciable. The integument was not broken; the flexor tendons were moderately prominent. Voluntary movement was impossible, and the patient complained of great pain. The dislocation was easily reduced by means of extension and flexion. The hand was then placed in a sling, and in three days the patient was able to return to his work.

The Following Treatment of rheumatism is very popular throughout the Indian possessions, according to La France Médicale: A large tub is filled with hot water so as to cover the patient up to the neck, leaving the head and face exposed. A half-pound of mustard and a pint of coarse sea-salt are added to the water. The head of the patient, while he is in the bath, is covered with a thick woolen

cloth, previously warmed. Hot oatmeal is given to him to eat at regular intervals. The bath lasts twenty minutes; the patient is then rubbed vigorously with hot towels and placed in bed, covered with hot blankets, and a bottle of hot water put at his feet. More oatmeal is given him, and he is allowed to repose for at least two hours. On the following day, a bath of tepid water is prepared, with soap giving a good lather, and the process of the preceding day is repeated, the towels and blankets being only tepid, not hot. The patient is allowed whatever food he desires. Finally, on the third day, the bath, towels, etc., are prepared cold. Abundant food is permitted, but no work after the bath. The same treatment is continued for a month, and excellent results are obtained, especially in chronic rheumatism, and often even in the acute form of the disease.

Rosenstein, in the Zentralblatt für die medizinische Wissenschaften, reports the following case in which bacilli were found in the urine: The patient, a man thirty-seven years of age, of good family history, had always enjoyed good health until four years ago, when he began to have pain on micturition, both before and after emptying the bladder. Two years ago he noticed a hard swelling, first in the right, then in the left epididymis. The swelling is now of the size of a small walnut. The testicles are free, the lymphatic glands not enlarged. No signs of pulmonary disease, no fever. General condition good. The patient passes about one ounce of urine at each urination. The amount of urine in twenty-four hours is from two to three pints, specific gravity 1012–1018, color pale yellow, reaction acid, and containing albumen in large amount. The urine is cloudy even when just passed, and white particles of the size of a pin head can be seen floating in it. Heavy sediment of pus corpuscles and a little blood. Rosenstein placed the freshly-passed urine in a solution of thymol; at the end of twenty-four hours he took a drop of the sediment and stained it according to Ehrlich's method. The microscope showed large numbers of tubercle-bacilli, especially numerous in the white particles spoken of above.

Salicylate of Soda internally and a salicylic acid gargle are recommended by Kirchbaur in acute tonsillitis. He believes that the duration of the disease is considerably shortened by such treatment, and that the development of suppuration or of chronic tonsillitis is prevented. Six soldiers, suffering from acute tonsillitis caused by exposure, were given fifteen grains of salicylate of soda four times a day, and a gargle composed as follows: Salicylic acid, 30 grains; alcohol, q. s. ad solution; distilled water, nine and one-half ounces. Cracked ice was given to allay the burning feeling in the throat. Under this treatment the inflammation rapidly disappeared.

In a Case of Malignant growth of the œsophagus Krishaber (Korrespondenzblatt für Schweizer Aerzte), after having with great difficulty introduced an œsophageal bougie, decided to leave the bougie in situ. The end of the tube was carried through the nose and secured to the forehead of the patient. Artificial feeding could thus be carried on uninterruptedly until the patient died from the steadily progressing cancerous disease. Krishaber recommends this procedure in cases of cicatricial stricture of the œsophagus.

The Southern Clinic for September publishes a translation from the German of a cure of chorea by hydrate of chloral. The case was under Prof. Mosler's care, and the facts are as follows: Girl, eighteen years, family history without interest. About the fifteenth of April complained of toothache; the day following the appearance of the toothache her menses appeared for the first time and two days after ceased. Then occurred peculiar disturbances of the muscles. The next day a tooth was extracted, but it was found that a mistake had been made and that the adjoining tooth was the cause of the trouble. "This tooth with its sharp edge cut the tongue and kept it sore, producing swelling and rendering

it impossible for her to eat." We suppose any one but a professor would have thought it necessary to have extracted the offender. The report continues that up to the 21st of April the patient remained tolerably quiet. On the occasion, however, of a little annoyance, she gets into a passion and the most violent commotions of the muscles began and continued, and are thus described by the Reporter: She showed an intense chorea, which extended over the muscles of the face, upper and lower extremities, and the trunk. The arms performed very different swinging motions, the muscles of the lower extremities were not so much affected, making rotary motions outwardly and inwardly. Walking and standing up was almost impossible for her. She could not be kept in a bed on account of the swinging motion of her whole body, and it was necessary to bring her into a room, the floor of which was covered with mattresses. On May first Prof. M. found it necessary, on account of her constant restlessness and threatened exhaustion, to try other remedies, and selected chloral hydrate. The chloral was given and a quietude was secured, but it was not until the fifth of May when the real offending tooth had been extracted that we find the choreic movements fundamentally subsiding. The attack began on the 21st of April, and on the 5th of May, notwithstanding the administration of chloral, the choreic movements continued. On the fifth the tooth was extracted; on the seventh, the Reporter says: "The involuntary motions of chorea have entirely ceased," and yet he concludes, Prof. Mosler has not observed before such a speedy cure of chorea, and he is of the opinion that the use of hydrate of chloral produced the good results. Query: Was it the tooth?

Before the Odontological Society of Great Britain (Med. Times and Gazette), Dr. J. C. Thorowgood read a paper on the subject of Therapeutic Agents for the Promotion of Osseous Development. He pointed out that the composition of the bones and the teeth was practically identical, the latter having only a larger proportion of inorganic matter. The analysis showed that a considerable quantity of mineral food was required for the nutrition of these tissues. The mere administration of the necessary lime-salts was, however, by no means the only thing to be considered in striving to improve osseous development; thus, in rickets, with an evident deficiency of lime in the bones, there was an elimination of from four to six times the normal amount of lime-salts in the urine, showing that the fault was in the process of assimilation. For the dentist, the most serious condition in children was one of acid dyspepsia; the child's breath had a sour smell; tongue furred, with red papillæ showing through; appetite often voracious, and bowels confined or irregular. To give a big-bellied, pale-faced child in this condition phosphate of lime and iron would only make him more uncomfortable; but give him alkaline aperients, regulate his diet, cutting off excess of starch and sugar—order exercise, salt-water baths, etc., and then administer the specific remedies indicated. Of these the most useful were the soluble hypophosphite of lime and the chloride of calcium; either of these might be given in doses of two or three grains in glycerine and water. The lactophosphate of lime was also a valuable remedy. Diet was most important. The child must be taught to eat slowly; brown bread and Scotch oatmeal would suit some children, and "seconds" flour was preferable to the "best white." By this line of treatment the child would be brought into a condition in which the dental surgeon could work on the decayed molars with some prospect of his work remaining a lasting proof of his skill.

The Following is from the Sanitary News: At the Berlin hygienic exposition, there is on exhibition a simple apparatus for detecting carbonic acid gas in the air of rooms, mines, etc. The instrument consists of a rubber ball with a small glass neck inserted and a common reaction glass, which is filled with lime-water. The ball is compressed and inflates with the air of the room, which is discharged slowly into the glass of lime-water. It is not intended

to be a quantitative test, though if the air-space in the ball and the amount of lime-water are known quantities, the per cent. of carbonic acid may be roughly estimated by the density of the carbonate of lime deposit in the water. In good air, it is necessary to discharge the ball twenty to thirty times before an appreciable effect will be visible. In very bad air, one discharge will produce cloudiness of the water. We would submit, however, that it is more than probable that the carbon dioxide does a very small part of the damage which is usually referable to bad air. It is true that where carbon dioxide exists other foul gases may be inferred, but it is also possible that carbon dioxide may be absent and other deleterious gases present. Theoretically, the same device might be used with a solution of permanganate of potassium, and the action of the gases on the faintly colored water noted. The strength of the solution should be weak and definite, and a small quantity of acid added to the solution so as to facilitate the destruction of the color of the potassium permanganate solution.

In an Article on the more recent methods of treating wounds the Medical Age gives in detail the three methods which are at present employed by three prominent and successful surgeons. Omitting the various reasons we will endeavor to give principal points of each method. Subnitrate of bismuth: Kocher's method. Bismuth when employed in inordinate strength produces symptoms analogous to those of lead poisoning, but in a sufficient strength to secure antisepsis (one per cent. suspended in water) it is innocuous. Owing to its solubility the bismuth should be thoroughly triturated to remove all grittiness, and the emulsion thus formed should be shaken until the salt is equally diffused throughout the liquid before using. Kocher applies it in the following manner: From an ordinary squirting bottle the wound surface is moistened at intervals in the course of an operation, so that the loose cellular tissues in particular are covered by a thin film of bismuth; at each dressing this procedure is repeated, but when the edges of the wound have been brought into apposition, bismuth, made into a thick paste, is spread upon the line of suture and allowed to dry into a crust. This method has been followed by the happiest results. The dressings of Kocher, then, consist of (1) strips of absorptive material covered by (2) a layer of gauze—both of these having been dipped into a ten per cent. solution of bismuth and the moisture thoroughly wrung out before application—and over these is laid (3) a piece of India rubber cloth, (4) cotton wadding, and (5) a dry roller bandage finishes the dressing. The perfect asepsis secured by bismuth is the chief point in its favor. For instance, in a case of knee-joint disease with fungus degeneration, where the joint was opened and the diseased tissue removed, then dressed with bismuth and the secondary suture, without the use of drainage tubes, rapid and uncomplicated recovery ensued. As an antiseptic, bismuth is of greater use than iodoform on account of its insolubility. If it is desired to disinfect hands or instruments, or if an infected wound and the integument surrounding it must be disinfected, i. e., if pathogenic organisms, which have found entrance to the wound, are to be destroyed, soluble antiseptics, like carbolic acid or corrosive sublimate, should be used. Corrosive sublimate: Kummell's method. The dressings devised by Kummell consist of sublimated gauze and cotton, sublimated silk, sublimated catgut, sublimated oil, and sublimated inorganic dressing materials. These latter comprise powdered glass, sand, coal ashes, asbetos, lint made from spun glass, and, for purposes of drainage, capillary threads of spun glass. Sublimated gauze and cotton are designed to take the place of carbolized gauze and cotton. They are made hygroscopic in the usual manner (benzine washings), and then impregnated with the following: corrosive sublimate, 10 parts; alcohol, 4,490 parts; glycerine, 500 parts. The moisture is pressed out with a clothes wringer. If a stronger solution of the corrosive sublimate is used, eczema and bulbæ of the integument will be produced. For su-

tures, sublimated silk is used. It is previously prepared as for carbolized silk, by Hegar's method, and then boiled for two hours in a one per cent. solution of the corrosive sublimate; it is then transferred to a one-tenth of one per cent. solution of the same, where it is kept ready for use. For ligatures sublimated catgut is used. In order to avail himself of the properties of the mercuric bi-chloride in the form of a powder dressing, Kummell experimented with a variety of substances, and finally selected common white sand. This is first well sifted and then heated in a covered vessel over a coal fire. On cooling, it is mixed with an ethereal solution of mercuric bi-coloride and kept for use in a glass-stoppered bottle. The solution is made by dissolving 10 grammes (ʒijss) in 100 grammes (℥iij) of ether. This quantity is sufficient to perfectly impregnate 10 kilogrammes (22 pounds avoirdupois) of previously heated sand. The irrigating fluid used has varied from 1 in 1000 to even 1 in 100 parts; in only two of the patients who were subject to the irrigation with one per cent. did any constitutional disturbance occur. Iodoform: Billroth's method. Billroth's method differs from Lister's, chiefly in the use of iodoform in the place of carbolic acid in the preparation of all the appurtenances. Billroth also uses iodoform as a powder sprinkled over the wounds. As iodoform glycerine, 10 per cent—and is employed for injection into cold abscesses after the evacuation of pus by puncture or incision. As iodoform collodium. This preparation is composed of iodoform one part to collodium ten parts, and is used in enormous quantities in the ambulatorium. It is a sovereign remedy for cuts and slight bruises. An ethereal solution of iodoform (one part iodoform, seven parts ether) forms a very convenient covering for syphilitic scleroses, and for mucous patches in the buccal cavity. As iodoform bacilli. The formula for this preparation, as it is found in the pharmacy of the General Hospital, is: ℞ Iodoform. pulv., 20.0; gummi arabicæ, glycerini, amyli, āā 2. Fiant bacilli diversi magnitud. The value of these bacilli cannot be over estimated when fistulous tracts or inaccessable wound surfaces are to be medicated. In endometritis, cystitis, pyothorax, and certain urethral affections, the iodoform-bacilli are evidently of great worth. As iodoform-vaseline. This salve varies in the amount of the drug contained from twenty to fifty per cent., and is used as an application to venereal ulcers.

The Composing Room of the New Orleans Picayune is cooled by the following management (Sanitary News): A vertical wooden box was constructed in a corner of the room with openings at the upper and lower end; at the top a water-supply pipe was inserted with a rose nozzle, which formed a spray in the the water being carried away from the box, bottom of the box by a drip-pan and drain. The movement of the water was found to cause an active circulation of the air in the room. The air entering the shaft at the top at a temperature of 96°, came out at the bottom cooled to a temperature of 74°, while the temperature of the water-supply was 84°.

The Medical Press records that Dr. Cery, of St. Thomas' Hospital, London, disbelieving in the inoculability of the Hunterian chancre, submitted himself to inoculation, and after three or four failures succeeded in producing true chancre on the arm, which was followed by secondary and tertiary symptoms severe enough to incapacitate him from work.

About two hundred years ago there was a physician in London by the name of Isaac Letsem, whose sign read as follows:

"When the people get sick,
I phisix, bleeds, and swets 'em,
Then if they wishes to die,
I. Letsem."

Dr. H. J. Bigelow, of Boston, Prof. Charcot, of Paris, Prof. Du Bois Reymond, of Berlin, and M. L. Pasteur, of Paris, have been elected Foreign Honorary Fellows of the Royal Medical and Chirurgical Society of London.

CONTRIBUTIONS.

DELAYED AND NON-UNION OF FRACTURES.

BY N. SENN, M.D., MILWAUKEE, WIS.

[Abstract of a Lecture delivered to the Rock River Medical Society, at the Milwaukee Meeting, September 5, 1883.]

The study and management of fractures have always constituted interesting topics to the general practitioner. Fractures are of frequent occurrence in every community, and every physician is expected to exercise ordinary skill in their treatment. In assuming the treatment of a fractured limb we also assume grave responsibilities in law and equity, which demand of us the exercise of diligence and at least ordinary skill.

In civil courts negligence on the part of the attendant has, and ought to have, no defense. The medicolegal responsibility of the surgeon is only too frequently made the subject of litigation in the class of injuries embraced in the subject now under consideration. It is a well known fact that many cases of delayed and non-union are made the basis for mal-practice suits, wherein, on the part of the prosecution, the defendant in technical language is made to answer to a charge of ignorance or negligence irrespective of the cause or causes which may have prevented the ideal result in these cases —bony consolidation with fragments in good position. In all these cases the defendant labors under great disadvantages in court, inasmuch as the popular idea is prevalent everywhere, that a broken bone once properly set must unite by bone, and in good position. The layman is ever ready to admire bone-setting as a great art, but can never be made to comprehend the difficulties encountered in many cases in maintaining the fragments in constant, uninterrupted apposition. Before considering the conditions which may give rise to delayed or non-union, it may be well to refer briefly to the processes which nature employs in uniting a broken bone. The process of repair after fractures has for centuries been a favorite subject for study, experiment and investigation on the part of the most distinguished surgeons and pathologists. Galen regarded callus as a substance thrown out about the seat of fracture for the purpose of cementing the ends of the broken bone together, without however being capable of conversion into bone. This doctrine met with no opposition until Van Swieten asserted that the new material in the course of time is transformed into bone.

J. L. Petit taught that bone-injuries are repaired in a manner similar to injuries of soft tissue, the process in bone being modified only by the density of its own tissue. Duhamel-du-Monceau recognized the bone-producing function of the periosteum and endosteum, while Haller looked upon callus as the product of the fractured ends of the bones themselves, more especially the myeloid tissue. Dupuytren introduced the terms provisional and definitive callus, attributing the formation of the former to the periosteum and soft tissue around the seat of fracture, while the latter is the product of the bone-producing function of the bone and marrow. He made the important and practical observation, that the definitive callus does not make its appearance until four to five months after the injury, and that its completion requires from eight to twelve months.

Bransby B. Cooper associated the formation of callus with inflammation, believing that it is the conjoined product of all the inflamed tissues in the fractured ends of the broken bone. Lambrou advocated the possibility of primary union between the bone-ends under certain favorable circumstances, through the medium of an interfragmentary callus independently of the existence of a provisional callus. Virchow, Rokitansky, Gegenbauer and Hein regard the connective tissue in bone periosteum and adjacent soft parts as the most important and essential osteo-genetic structure. Hofmoke classifies the tissues from which callus is produced in the following order: periosteum, marrow, bone.

Rigal and Vignal, in a series of well conducted experiments, have carefully studied the influence of the circulation on the formation of callus.

The following is a summary of their conclusions: If periosteum is exposed to a moderate degree of irritation, new bone is produced from the marrow beneath the point of irritation without passing through the stage of cartilage. If irritation is increased, by displacing the fragments and rubbing the soft parts, the result is cartilage beneath the periosteum, which is subsequently converted into bone. To prove that bones can unite without periosteum, he removed a cylindrical piece of periosteum from a long bone in an animal. After the wound had completely healed, the bone was fractured at the point where it had been denuded of its periosteum. The fracture united by bone after the usual time.

[The histology and formation of callus were illustrated by diagrams on the black-board.]

It is no longer necessary to make a distinction between provisional or temporary, and definitive or permanent callus, as they are both the product of bone-producing tissue, and assist in the restoration of the continuity of the broken bone. A fracture may heal perfectly without the formation of provisional callus, and on the other hand the tissues which were supposed to furnish the provisional callus may, under certain circumstances, furnish a permanent callus.

The amount of callus thrown out in every instance depends on: 1. The general condition of the patient. 2. The location and structure of the fractured bone. 3. The amount of local injury. 4. The degree of displacement. 5. The perfection of immobilization.

As a rule, a minimum amount of callus is produced when the patient is suffering from any wasting or acute febrile affection, or is the victim of any so-called constitutional diseases; when the broken bone is very compact and located near the surface of the body; when the injury was slight with little or no displacement, and when during treatment the broken ends have been kept at rest and in constant and in uninterrupted co-aptation.

Opposite conditions are followed by an exuberant production of callus. The influence exercised by para-periosteal tissues in determining the amount of callus is well illustrated in fractures of the tibia and ulna; where the bone is subcutaneous little or no callus is found, while in places where it is deeply covered by muscular and aponeurotic tissue the amount of callus is great, in some instances so great that it fills the entire inter-osseous space, forming a bridge of bone across it, permanently cementing the fibula or radius, as the case may be, to the broken bone.

To obtain bony consolidation after a fracture certain well recognized conditions are necessary: 1. A sufficient blood-supply to the part. 2. Unimpaired innervation of the part. 3. Placing and maintaining the fragments in contact, or at least in such close proximity that the callus thrown out from both extremities can meet and establish a bony bridge between. Injury of any principal vessel or nerve of a limb, as a complication of any fracture, does not only endanger the integrity of the limb but may constitute an important element in the production of non-union.

Injury of the nutrient vessels of long bones has no influence in determining non-union, as has been claimed by several writers, inasmuch as the combined statistics from the practice of different surgeons do not sustain this assertion. An excessive supply of blood in the part—either from an undue afflux of blood, the consequence of an excessive irritation about the seat of fracture, or from obstruction to the venous return—frequently affects callus formation in a detrimental manner. These conditions often interfere with the normal reparative process, the histological elements which are intended to furnish the callus not undergoing the typical embryonal tissue transformation.

That an opposite condition may also unfavorably influence callus formation was demonstrated to me plainly during the treatment of the following cases:

Case I. Very oblique fracture of leg at the junction of the middle with the lower third; delayed union. C. L., æt. forty, was treated at the Milwaukee Hospital. The fracture was caused by direct violence. The sharp point of the upper fragment showed a strong tendency to project forward, which could not be overcome by any of the ordinary appliances. Extension in the straight position was tried with no better results. At last I applied a Volkmann's railroad splint, and placed the limb upon a steep single inclined plane, using extension by a heavy weight at the same time, which finally succeeded in keeping the bones in good position. It became apparent that very little callus formed, and four months after the injury, on careful examination, I found free motion between the fragments. I became alarmed at the prospect of getting a false joint, and determined to secure bony union, if need be at the expense of considerable deformity. I applied a plaster of Paris splint and allowed the patient to leave the bed and walk on crutches. Callus appeared promptly, and in two months more bony union had taken place, of course with some projection of the upper fragment forward.

Prolonged elevation then of a limb after fracture, by diminishing the blood-supply, may constitute a cause of delayed or non-union, and I have since been careful not to continue this position for too long a time. The first step towards repair of a fracture is an osteo-plastic inflammation of the fractured ends of the bone. The vessels increase in size and number, and the medullary tissue in the central canal and the medullary space in bone proliferates, its histological elements being converted directly into bone by deposition of the inorganic salts.

Ossification of the medullary tissue obliterates the medullary cavity for some distance at the end of both fragments; the canal is, however, invariably restored, after union has taken place, by a slow process of absorption. The callus from the surface of the fractured ends, the intermediate callus as it is sometimes called, is slow in its appearance, but is usually directly transformed into bone, and is intended for the material utilized in the ultimate restoration of the continuity of the bone. Nature usually supplies a surplus of callus, which is gradually removed by absorption as soon as firm union has taken place, but which for the time being answers an exceedingly useful purpose in immobilizing the fragments.

The time required for bony consolidation to take place varies in different individuals and under diverse circumstances. All conditions which facilitate a prompt formation of callus, and at the same time reduce the amount to the minimum requisite, are instrumental in hastening bony consolidation. The time necessary for firm union to take place is usually longer than we have been taught. Accord-

ing to Gurlt the time required is proportionate to the diameter of the broken bone. The phalanx of a finger may unite firmly in four weeks, and it may require six months to accomplish the same result in a fracture of the femur. It is dangerous practice to remove retentive measures too early, more particularly in fractures of the humerus and femur; carelessness in this regard has frequently been punished by formidable deformity arising from yielding of imperfect callus. Non-union may follow a fracture either when the reparative material fails to be produced, or when the broken ends are placed and kept in a position which renders it physically impossible for the callus to unite them. For the first cause the surgeon can never be held accountable, as it is always owing to complications attending the injury, or defective nutrition in the patient himself. The second cause may arise from: 1. The location of the fracture. 2. Want of co-operation on the part of the patient. 3. Ignorance, carelessness, or negligence on the part of the surgeon.

Fractures located within joints are very frequently followed by non-union, not so much on account of unfavorable anatomical and physiological conditions, as from the difficulties encountered in maintaining accurate and perfect co-aptation for a sufficient length of time. The means at our command are not adequate to meet successfully the necessary indications.

Except in fractures within joints, pseud-arthrosis is most likely to occur after fractures of the humerus, femur and ulna. In private practice the removal of the second cause is often beyond our control. The more refractory the patient the more unremitting and careful must be the treatment. The surgeon must always be on his guard to make the first examination thorough, to enable him to arrive at a correct diagnosis. Disregard of this rule has often been followed by unpleasant consequences for the patient and the surgeon. A diagnosis to be satisfactory must establish: 1. The existence of fracture. 2. The seat of fracture. 3. The pressence or absence of complications. 4. The fact that no soft tissues intervene between the broken ends of the bone.

Should any doubt exist in the mind of the surgeon, either in regard to diagnosis or the adoption of a certain course of treatment, it must be considered not only prudent but necessary to call in early counsel, for the benefit of the patient and the protection of the attendant. The best possible protection against mal-practice suits is to treat every case as though you were expected to defend your treatment in court. The following are the principal causes which have been enumerated as giving rise to false joints:

General
- Rachitis, Syphilis,
- Scorbutus, Acute febrile affections,
- Wasting diseases, Pregnancy,
- Prolonged lactation.

Local
- Interposition of soft tissue bet. fracture,
- Separation of fragments,
- Imperfect immobilization,
- Imperfect circulation from concomitant swelling, too tight dressing or position of limb,
- Obliquity of fracture,
- Complication of fracture.

I have not enumerated old age as a cause for delayed or non-union. Statistics show that these accidents are found almost exclusively in young people at the age of twenty to thirty-five years. With the exception of joint fractures, fractures unite promptly and in a short time in the aged. Senile osteo-porosis may be considered a favorable condition for a callus formation.

A great diversity of opinion prevails among surgeons in regard to the influence of general conditions on the production of callus. Some claim that non-union is almost invariably due to general causes. I recollect very well the remark of Geheimrath von Nussbaum on this subject. In a lecture on this subject he claimed that nearly all, if not all fractures, that fail to unite by bone occur in patients suffering from some constitutional taint, more especially syphilis. He referred to several cases where no attempt at union took place under the most favorable local conditions, and where a course of mercurial inunction was promptly followed by bony consolidation. I recollect at least one case where a false joint was threatened in a patient where the fracture occurred during pregnancy.

Case II. Fracture of ulna during pregnancy; delayed union; Dumreicher's treatment; cure.

The patient fractured the ulna at the junction of the middle with the upper third. She was pregnant six months with her fourth child. There was no difficulty in reducing the fracture, or in maintaining co-aptation with the customary dressing. The production of callus did not appear in a satisfactory manner, and ten weeks after the accident I found on careful examination free motion of one fragment on the other. I now rubbed the fragments freely together and applied von Dumreicher's dressing for hastening the production of callus, making pressure above and below the point of fracture by means of four small compresses. The space between the upper and lower compresses directly over the seat of fracture became œdematous in a few days, which was soon followed by a mass of callus, and bony consolidation was complete about the time of delivery.

While it is impossible to deny the influence of general causes in interfering with normal callus

production, I would array myself on the side of those who make diligent search for local causes in every case of non-union. For the purpose of preventing such an unfavorable issue, it is advisable for the surgeon to bear the following points in mind in any fracture where such an occurrence might follow:

1. To satisfy himself that the broken surfaces are in contact. 2. To insure a free circulation in the part by avoiding tight dressings, and placing the limb in a proper position. 3. To avoid frequent dressing. The fractured limb should be inspected often, but the fragments when in proper place should be disturbed as little as possible until union has taken place. Frequent change of dressing is meddlesome surgery, and will be certain to prove not only unnecessary but possibly harmful in the end.

Delayed union calls for local stimulation by external friction, change of position of limb, or rubbing the fragments together. Dumreicher's dressing can always be applied with advantage in these cases. Non-union can be said to have occurred after the usually alloted time for bony union to take place has elapsed, and the treatment instituted for delayed union has been found unavailing. As regards time, no fixed rule can be adopted. In some cases we may be able to satisfy ourselves after three or four months that no union will take place, and on the other hand cases have been reported where union took place a year and a half after the accident.

From a pathological stand-point we may distinguish four principal varieties of false-joints.

1. Ends of fragments atrophied, no connecting medium. The fragments may point directly towards each other, but separated by an interval, or they may overlap each other, and still in other instances they may be separated by an interposing band of the surrounding soft tissues—muscle, fibrous tissue, tendon, ligament, etc.

2. Ends of fragments atrophied but united by a bridge of connective tissue. In these instances the functional result is not so bad as in the first variety. The usefulness of the limb depends on the length and thickness of the connecting ligament. Nature has made an effort to restore the continuity of the bone, but the process has stopped short of ossification.

3. Ends of fragments less atrophied—ligamentous union with isolated deposits of bone. Here the effort has been in the right direction, but the result imperfect.

4. Ends of fragments not atrophied, sometimes enlarged—directly opposite each other flattened or slightly rounded, connected by a peri-fragmentary ligament. Bone surfaces separated by a synovial sac. These are the exceptional cases where nature inserted the anatomical elements of a true joint in lieu of a bony callus.

The diagnosis of a false joint is not attended by any difficulty. A false joint of motion at the seat of fracture at a time sufficiently remote from the time the injury was received, when we can reasonably assume that the process of repair has been arrested, is all that is required to establish a diagnosis.

Excluding from consideration non-union of joint-fractures, it can be said that the prognosis depends on two things: 1. The time that has elapsed since the injury was received. 2. Amount of separation and degree of atrophy of ends of fragments.

It can be stated as a rule that the greater the interval between the injury and the operative procedure, the greater the atrophy of the limb and the bone ends, conditions which seriously affect our prognosis.

The treatment, so far as it has for its object the restoration of the anatomical defect, belongs exclusively to the domain of operative surgery. In some instances a false joint does not materially interfere with the function of the member; in other cases, where an operation is not deemed advisable, some form of an apparatus can be applied which will act as a substitute for the defective bone. In selecting from the operations which are usually resorted to in the treatment of false joints, we should be careful to ascertain as nearly as possible the exact local conditions at the seat of fracture. All methods of treatment aim at: 1. Production of osteo-plastic inflammation of the fractured ends of the bone. 2. Accurate co-aptation.

Inter-fragmentary injections. This form of treatment is indicated when the fragments are in close apposition, the ends of the bone not much atrophied and the treatment not too distant from the time of injury. The operation is done with a Pravaz syringe with a sufficiently long and stout needle. As injection, fluid lactic and acetic acids appear to have yielded the best results. Hueter recommends lactic acid for this purpose in strong terms. He is of the opinion that this substance has a specific action in exciting osteo-plastic inflammation in bone. The injection should be made between the bone-ends, and the fluid made to permeate the whole space between them. Like some of the other operations, this procedure may be repeated every week or two should signs of reaction appear, inasmuch as the measure is harmless and not attended by much suffering.

Subcutaneous incision. This little operation can be done under the same circumstances as the preceding one, and consists in passing a small tenotome subcutaneously down to the seat of fracture, divid-

ing any fibrous bands that may exist between the bone and scarifying the bone-ends.

Acu-puncture. A stout steel needle is passed down to the seat of fracture, and by moving the point in different directions the intervening space and the bone-ends themselves are punctured with the instrument.

Electro-puncture. An electric current is passed through acu-puncture needles. This method offers no special advantages.

Seton. Introduced into practice by Physick, this form of treatment soon received an extensive trial on part of the profession. The dangers attending its use and the uncertainty in its results very justly condemn its use at the present time.

Perforation of the ends of the bone. This operation is usually accredited to Dr. Brainard, who in a number of published articles claimed it as his own. Dieffenbach, however, performed the operation twice in 1841, antedating Brainard's operation by a number of years. The operation is the one usually resorted to at the present time. If carefully done it is devoid of danger, and has yielded good results. The operation is performed by making a subcutaneous tunnel with a tenotome through the soft tissues down to the seat of fracture, inserting a perforator of suitable size; both ends of the bone are perforated a sufficient number of times, the number of perforations depending somewhat on the size of the broken bone. It is advisable to use an instrument with a triangular point, as being less liable to break than one with a flat point. The perforations give rise to osteo-plastic inflammation, and if no interposition of soft parts exists, and the fragments are in close contact, the operation is usually followed by success. A repetition of the operation is often necessary.

For the purpose of illustrating the efficacy of simple drilling in favorable cases, I will relate the following case:

Case III. Ununited fracture of femur; drilling; cure. Patient was about forty-five years of age, and had suffered from compound fracture of femur at the juncture of the lower with middle third. Wound healed promptly. Fracture treated by extension. At the end of nine weeks it was found that no union had taken place, and the attending surgeon was promptly sued for mal-practice, and a judgment for $4,000 recovered against him. I saw the man five months after the injury, and found false joint of motion at the seat of fracture. The limb was shortened two and one half inches, the fragment overriding in such a manner that the upper fragment could be felt anteriorly and towards the inner side, while the lower fragmentt, apparently much atrophied, could be found posteriorly and towards the outer side. The upper fragment appeared to be covered with callus. The fragments were freely and forcibly moved upon each other. A perforator was introduced from the outer aspect of the thigh, and at least five perforations were made through the same opening in the skin and traversing in different directions some transfixing both ends of the bone. The limb was dressed as for recent fracture, with eighteen pounds of weight for extension.

Bony union was complete two months after the operations.

Introduction of ivory pegs. This operation was devised by Dieffenbach after he became dissatisfied with simple perforation. The operation is performed in a similar manner, only that ivory pegs are driven through the perforations into the interior of the bone, and allowed to remain until a sufficient amount of inflammation has been excited. It was urged by Brainard against this operation that foreign bodies introduced into bone do not give rise to an increase of tissue formation, but that, to the contrary, they produce destruction, absorption of bone. Clinical results and experiments on the lower animals, however, have sufficiently demonstrated the fallacy of this assertion. In numerous cases where simple perforation proved useless, Dieffenbach's operation was followed by success. In my experiments on animals I have invariably observed osteo-plastic inflammation of the bone along the track of iron, bone or ivory nails, provided the foreign body was introduced under antiseptic precautions.

Nailing of fragments. In cases of very oblique fractures, or when the fragments override each other, the object to be accomplished can be reached with more certainity if the perforations are made to transfix both fractured ends, and, by driving in absorbable aseptic bone nails, the fragments are securely fastened together. This operation combines all the advantages of Brainard's and Dieffenbach's operations, and at the same time secures accurate co-aptation and immobility. Volkmann has modified this operation by removing a rectangular piece of bone from opposite sides of each fragment, and, after fitting the surfaces accurately together, transfixing them by two ivory nails. This operation furnishes a large surface of bone, and secures accurate apposition and perfect immobility between fragments. Aseptic bone nails should be used in preference, and they should never be allowed to project beyond the surface of the bone. If introduced antiseptically they will be absorbed completely after they have accomplished the object of their introduction.

Case IV. Fracture of ulna ununited; subcutaneous nailing of fragments; cure.

J.A., aged twenty-five; fractured both bones of the

fore-arm six months ago. Radius united with considerable exuberant callus. Ulnar fragments in good position, false joint of motion near the middle of the bone. Made a very oblique perforation through both fragments with a small drill and nailed the fragments together with a bone nail. About two weeks after the operation considerable swelling appeared at the seat of fracture, motion became less and less, and two months after operation bony union had taken place. The nail was not seen after the operation.

Resection of bone ends. This operation was first performed in the year 1760, at the suggestion of Mr. White, of Manchester. It found ready adoption, and was frequently performed by English and Continental surgeons. It soon, however, became evident that it was not devoid of danger, and before the introduction of antiseptic surgery it had fallen into well merited disrepute. It necessitates the conversion of a simple into a compound fracture, with all its dangers. The great advantages of antiseptic surgery are rendered peculiarly prominent in this connection, inasmuch as the surgeon makes the fracture compound during the operation, but makes it again simple after its completion. This operation is the only one which promises success in cases where the fragments are separated by interposition of soft parts; again, where the fragments are excessively atrophic, or are widely separated and cannot be brought into apposition by any other means; likewise in cases where a new joint has formed. The great rules to be observed in this operation are: 1. To save the periosteum. 2. To procure as large a bone surface as possible. 3. To remove carefully all interposed tissue. 4. To secure apposition and immobility by wiring or nailing the fragments together.

As the fractured ends are usually tapering and atrophied, and the medullary canal closed for some distance, it is unavoidable, for the purpose of saving bone tissue and at the same time procuring a large surface for apposition, to make the bone section obliquely, or Volkmann's "step" resection. It has been said in opposition to the silver wire suture that it is very apt to cause necrosis, and every one who has used it can testify to the difficulty in removing it. To obviate these difficulties it has been proposed to transfix both fragments with a gimlet, and leaving the instrument *in situ* fasten the fragments with a figure of 8 silver wire passed over the point and the proximal side of the gimlet. When the gimlet is removed the silver wire ligature falls off. The best material for fastening the fragments together are aseptic bone nails.

If the bone section is made oblique, or rectangular, the fragments can be transfixed by two bone nails. If the bone section is straight, transfixion can be accomplished by one very oblique nail, or what is still better, by making a perforation in the axis of the bone from the middle of each resected end, and fastening them together by a bone nail. If the diameter of the bone is large, more than one nail can be used in this manner. The following case is reported for the purpose of illustrating the obstinacy of some of these cases in resisting all kinds of treatment:

Case V. Pseud-arthrosis humeri; resection and wiring; failure.

This patient was twenty years of age, and fractured the humerus two years before he came under my observation at the Milwaukee Hospital. The arm and fore-arm were perfectly useless and very much atrophied. On examination it was found that the fracture had taken place about three inches above the elbow-joint. Rubbing the fragments together and perforation had been repeatedly performed without any evident success.

Under the influence of an anæsthetic an incision was made over the outer aspect of the arm, carefully avoiding the musculo-spiral nerve. The fragments were loosely connected by a ligamentous band and extremely atrophied, especially the lower fragment, which for some distance did not exceed the diameter of an ordinary lead pencil. The periosteum was reflected, and the intervening tissue with the bone ends freely excised, and the fragments brought into apposition with a silver wire suture.

This operation was performed before antiseptic surgery came into use, hence the reaction was quite severe. A fenestrated plaster of Paris splint was applied. The inflammation about the seat of fracture, however, did not appear to affect the bone, which evidently remained in the same atrophic, indolent condition. After several months of patient treatment, the wire was removed, but no improvement appeared to have taken place, and as the patient refused further operative measures he was discharged from the hospital.

In this case the patient blamed tight dressings for the bad result and the atrophied condition of the whole member, and a tight circular bandage he brought with him to the hospital would tend to corroborate this opinion.

Case VI. Pseud-arthrosis humeri; resection; wiring; partial success; Dieffenbach's operation; bony union.

The patient, a young man in good health, had fractured the humerus about eighteen months before the operation. The fore-arm was extremely atrophied and perfectly useless. The extensor muscles were paralyzed. Fracture at the junction of the middle with lower third. As all the ordinary measures had proved unsuccessful in the hands of

others, resection and wiring the fragments together was done as offering the only prospect for a favorable issue. The bone was again approached by an incision made over the outer aspect of the arm. The fragments were found atrophied and separated by a mass of connective tissue. The bone ends and interposed tissues were freely removed, and the fragments wired together. The operation was done under antiseptic precautions, and no undue reaction followed. The wire was removed about six weeks after the operation; union had commenced but was not firm. On two different occasion subsequently, a sharp silver-plated metallic nail was driven into each fragment, which finally resulted in firm bony union.

A few words in regard to pathological fractures. Writers and teachers unite in asserting that fractures arising from pathological causes usually fail to unite. While this assertion holds true as far as fractures are concerned which arise from neoplastic (cancer, sarcoma) deposits in bone, it certainly does not apply to spontaneous fractures, which sometimes occur during inflammatory affections of bone. To illustrate I will report only one case out of a number which have come under my observation:

Case VII. Acute osteo-myelitis of femur; spontaneous fracture; bony consolidation.

The patient was a lad nine years of age, suffering from acute diffuse osteo-myelitis of the femur. An abscess was opened over the middle and outer aspect of the thigh four weeks after the first symptoms had shown themselves. Two weeks subsequently, on dressing the limb one day, I ascertained that the bone had given way about its middle. Extension by weight and pulley was applied and sand-bags were placed on each side of the limb to prevent eversion. Suppuration continued profuse for a number of weeks, but firm bony union had taken place three months after the accident occurred. Two years later I removed almost the entire shaft of the femur, which was found included in a thick and strong involucrum. The new femur is slightly curved at its middle with the concavity inward, and is at present (six years after fracture) a full inch longer than the opposite one. In some of these cases the recuperative powers of *vis medicatrix naturae* are truly wonderful, the same agencies which have been the cause of destruction being in turn utilized in the process of reconstructing.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Sept. 22, '83.

The President, Dr. Barret, in the Chair.

Dr. Bernays presented a specimen of spontaneous gangrene of the penis occurring in a man aged 60. The trouble manifested itself by pain in the penis, hardening and discoloration of the glans, which tended to spread backwards. The treatment was palliative, and on the tenth or eleventh day mortification was distinct and it was amputated. There are but three cases on record of this affection: one by Partridge, in which the patient was feeble and had atheromatous degeneration, dying soon after; one by Agnew, in which the penis dropped off; and one recorded by White, of Philadelphia, in which there was embolism of the dorsal artery. The two latter cases recovered. The case of Dr. B. also recovered. The urethra was left about one inch longer than the corpora cavernosa; it withdrew and was slit at its lower edge and sewn to the skin, making a round orifice.

The other specimen presented by Dr. B. was a part of the little finger with the tendon up to the muscle, which was torn out, the patient having his finger caught between two boards of a scaffolding and falling some distance. He suffered no pain. The third phalanx was dissected out, an oval flap made, and a tight bandage placed about the arm up to the elbow.

Dr. Watkins remarked that in a case similar to the second he had observed inflammation along the course of the torn tendon, and he allayed it by the use of cold water applications.

Dr. Gregory had never seen a case of gangrene of the penis like the one presented. He regarded it as being caused by some change, probably atheromathous, but thought that the surgeon had better wait for a line of demarcation, especially in cases of chronic gangrene. Occasionally in cases of acute gangrene the change occurs rapidly and the involvement is great, but it is best to wait until the line is perfect.

Dr. Green asked if Dr. Gregory would wait for spontaneous amputation in gangrene of the penis.

Dr. Gregory answered in the affirmative.

Dr. Green remarked that as soon as there was a line of demarcation it was a sign that gangrene had stopped and then there was no need of an operation. He regarded an infection as the probable origin of this affection.

Dr. Bernays said that as there were only four cases, there was not much material from which to study the etiology of the affection. On general principles it was due to the same causes that produce senile gangrene in other parts—atheromatous degeneration of arteries predisposing to the formation of clots. But we must distinguish between senile gangrene and that of young persons. It is right to say that nature ought to be left to amputate in young persons; but it is different in senile gangrene. A clot forms and continues up towards the heart. The process may be stopped by making an

amputation high up and ligating the artery, thus having a new clot higher up which is not so likely to spread. No time, however, is saved by amputating.

Dr. Ohmann-Dumesnil presented a specimen of Merck's Dry Extract of Malt, remarking that the preparation possessed the advantages of purity, extreme solubility and in its dry state of being unaltered, if kept dry. It is very palatable to patients and is very nourishing. Its only disadvantage is that it is extremely hygroscopic.

NINTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ILLINOIS, INDIANA AND KENTUCKY.

Held in English's Hall, Indianapolis, Ind., Sept. 18, 19 and 20, 1883.

[FIRST DAY CONTINUED.]

Dr. J. E. Link, of Terre Haute, Indiana, read a lengthy paper on Some Suggestions in the Use of the Roller Bandage, with presentation of patients and demonstration of his method. The author invariably uses old material, more or less firm but soft in texture, to suit the size of the limb and nature of the tissues to which applied. For leg and thigh the heavier the better, pliability being the essential thing, especially for recent injuries and tender structures. Makes as many turns as possible before making a reverse. Winding above the point entirely covered, then making an acute turn so as to bring it down to the point left deficient, or as often as otherwise. One roller is exhausted above, another is begun anew below as before until several thicknesses are over each other. With from three to a dozen layers we get uniform and even support, and consequently equal circulation and non-strangulation from tight bandages. A normal circulation in the parts is necessary for the repair of bone, and no swelling can obtain beneath a smoothly and evenly applied bandage. In an experience of eighteen years no case of erysipelas has resisted the bandage for forty-eight hours. Only treatment requisite in chronic and most cases of acute arthritis. Effusions in the knee yield in five to twenty days. In chronic cases he prefers the flannel bandage. The Martin bandage is heavy and not clean. The bandage is a factor of comfort in procuring rest. In fractures and displacements position must be secured. Place limb in most natural position and then fix the soft parts with a bandage. No inflammatory process can obtain to the extent of phlegmon or suppuration where due pressure can be brought to bear as represented by the bandage in the soft parts. In October, 1880, found the mail agent of a train with compound fracture of middle third of thigh, the upper fragment of bone projecting anteriorly about one and a fourth inches, and so firmly embraced by integument that it was impossible to return it without incising the skin; the periosteum was stripped from the projecting end. The end was sawed off, the opening enlarged and the bone allowed to drop back in place. The limb was bandaged from foot to hip and the bones remained in good position. During war a soldier had thigh fractured and comminuted by a minie-ball, about two inches being lost. A bandage was applied from hip to knee, holding strips of cedar one-half rib thick in centre and running almost to a feather edge at each extremity, the wound being left open. No other extension or counter-extension was made beyond letting the limb assume a natural position, and now he is but slightly lame and has less than an inch shortening. The doctor multiplied cases of fracture in which his method proved successful. In cases of arthritis there has never been any occasion to aspirate, the bandage being sufficient to produce absorption. In the more acute and traumatic cases the old muslin is used for the purpose of moistening and evaporating lotions; and, in the more chronic, the flannel with olive and cod-liver oil lotions. In support of this several cases were adduced.

The bandage also acts most favorably in cases of ostitis and periostitis. Another and most important illustration of the value of the bandages is its use in amputation with open, hollow, or inverted cone-shaped stumps. The doctor demonstrated this in a case in which no pus formed and which was progressing finely.

The Society adjourned to meet at 8 P.M.

EVENING SESSION.

The society was called to order at 8 P.M.

Dr. Porter read the President's address, which appeared in our last issue.

After the reading, Dr. Byrd moved that a committee of three be appointed to take into consideration and report upon some of the points suggested in the address. The committee was appointed as follows: Drs. Byrd, of Illinois; Woolen, of Indiana; and Matthews, of Kentucky.

Dr. M. H. Post, of St. Louis, read a paper on Syphilitic Interstitial Keratitis.

The recognition of an inherited syphilitic taint often explains the cause of numerous affections in other members of a family, that treatment can positively be applied marking medicine as a science, and will remove some of those unsatisfactory diagnoses of "scrofula" which are found in the case book of every physician. There is no disease with which syphilitic interstitial keratitis is liable to be confounded if ordinary care be taken, and yet it is often called conjunctivitis. The cornea is found densely cloudy, the iris firmly bound to the lens,

and the condition of the patient almost hopeless. There is a form of keratitis beginning in the cornea, seldom leading to ulceration, hence properly called interstitial, having its cause in inherited syphilis. This was satisfactorily established by Jonathan Hutchinson in his work published in 1863. Interstitial keratitis has been divided into strumous and syphilitic. I never saw but two cases where the diagnosis of strumous keratitis had been made, so that I am in doubt if all cases are not syphilitic, this opinion being also held by Hutchinson. The patients are usually between five and twenty years of age. Upon inspection, there is found haziness of the cornea, usually central, having points of greater density than the general mass of the cloudiness. There exist pericorneal scleral congestion, slight conjunctival redness and some lachrymation, but no pus. In the more advanced cases these signs are aggravated, the cornea has become salmon or even red-colored. The diagnosis between superficial and interstitial keratitis is not difficult if we only look carefully. The best method to examine is by means of oblique illumination. As confirmatory evidence it is not necessary to question the mother; the wide and depressed bridge of the nose, or seam like scars extending from the angles of the mouth, answer the questions, and if doubt still exists the pegged and notched permanent incisors tell us in the great majority of cases as plainly as the tongue could. For the disease itself we have a remedy upon which we can rely—mercury. It is almost all that is needed, best given in the form of corrosive chloride. After an attack of this disease vision is often impaired, but many cases recover normal sight after proper treatment, and, while the cornea has been clearing, the constitution has been improving. The treatment with corrosive sublimate must be persisted in until the case recovers, and iodide of potassium should not be used until the mercury has had a fair trial. Keratitis has a complication even more fatal than itself—iritis. In the majority of cases this occurs before the original disease has long existed, and the adhesions and deposits of lymph in the lens capsule are the most difficult elements that we have to deal with. Here, emphatically, an ounce of prevention is worth many pounds of cure. Fortunately we have a trustworthy remedy in atropine or its sulphate, which should be faithfully used, keeping the pupil fully dilated till recovery occurs. With such a course faithfully and carefully carried out, often for many months, without essential modification, we are almost in a position to guarantee a recovery.

DISCUSSION.

Dr. Harvey has found that scrofulous interstitial keratitis commences nearer the membrane of Descemet; there is a miniature snow-flake in it and possibly in the anterior chamber, with a little adhesion of the iris, so that a weak solution of atropine will dilate the pupil. One eye first clouds up, and in a short time the other. This lasts two or four months and both clear up. There are cases where atropine is contra-indicated, and eserine is used to relieve the tension, and even double iridectomy must be performed where a glaucomatous process comes on.

Dr. Post thought that there were few cases where the syphilitic signs were not present. The duration might be a month or two and five years might elapse before the patient got well. He would be extremely chary in recommending eserine.

Dr. A. W. Brayton, of Indianapolis, Ind., reported a case of myelitis due to arsenical poisoning.

The patient, a young lady, took enormous doses of arsenic with the intention of committing suicide, and was only treated thirty-six hours after ingestion of the poison. In consequence of this, paralysis of the lower extremities followed, and torturing pains in all the muscles of the limbs. Dr. Bramer, of Chicago, saw the patient thrice a week, and studied the case with care. She was put on a liberal diet, encouraged to eat heartily, treated with the galvanic faradic and currents. Massage was instituted and exercise of both hands and feet insisted upon. The paralysis was arrested and improvement set in. Strychnia was not well borne and was discontinued. The rest of the treatment was continued and she improved steadily. Eight months after the poisoning the patient came again under the author's care, and was treated by massage, faradic currents and voluntary exercise with good result.

The normal sensibility of the skin of the feet and legs never returned. About fourteen months after the poisoning mental manifestations became violent. The case was placed in an asylum and decided to be posterior spinal sclerosis. She improved mentally and physically; but she is not cured in either respect.

The literature of arsenical paralysis is limited. Seguin has condemned the history of a number of cases and has added three of his own. Popow, of St. Petersburg, from experiments, concludes that arsenic may cause acute central myelitis in a few hours after ingestion, in animals; in chronic cases he found a diffused myelitis. Dr. Bramer has had three cases within the year, all young women, taking large doses and recovering. Dr. Calton, of New York, reported a case in 1850.

The interesting features in the case given are: the large quantity taken on an empty stomach without producing symptoms until four hours later; the gastro-intestinal inflammation not resulting in death; the fact that patient recovered after being

thirty-six hours without treatment; and the profound and wide-spread disturbance.

The next paper read was by Dr. R. E. Haughton, of Indianapolis, on the Comparative Value of Amputations and Excisions of Joints, in View of the Statistics and Results.

The paper was long and contained a large amount of statistics from different sources. The author's conclusions may be summed up as follows:

1. No excision should be made in aged persons.

2. No excision should be made in very young persons.

3. No excision should be made if there is even a suspicion, much less evidence, of the existence of phthisis or other constitutional disease.

4. No excision should be made in acute disease or injury.

5. Excision may be made in cases where it is the hand or foot and limb to be saved, and which is of more than common value to the patient; hence, the elbow and knee-joints may be excised under proper considerations.

6. The shoulder and hip-joints may be excised when it is a greater mutilation and a greater loss to lose the limb by amputation, and the patient has equally good chances for recovery after the excision as after the amputation, which is rarely possible.

7. Excisions are not to be made in cases of malignant disease of the articular ends of bones or other parts of bone.

8. Excisions should not be made for acute abscess in the knee-joint, and most likely not in any case of acute abscess.

9. Excisions of joints generally are seven times more fatal than amputations under the same circumstances and in the same class of cases.

10. No surgeon is justified in subjecting his patient to excision, in view of all the facts made known, unless there are good and substantial reasons for assuming the greater risks—by seven times for his patient; and the extraneous circumstances which must overbalance in favor of an excision, with the seven times greater mortality against it, is a moral and surgical responsibility which we think to be anything but conservative.

DISCUSSION.

Dr. Beard thought that in some cases resection was preferable to amputation. He had resected with good result at the shoulder-joint.

Dr. Link said no one would amputate an arm above the elbow if it could be saved. The ankle was the most successful place to resect.

Dr. Eastman took issue with the paper, saying: the statistics were not modern enough, as recent operations showed that in many cases resections were not fatal. In a shoulder or elbow amputation what substitute could be made for the severed member?

Dr. Harvey said that army statistics were good as far as they went, but they did not go far enough. A death from amputation rarely occurred in the military hospital he was in, but resection almost always resulted in death.

Dr. French had not had much experience, but he thought that the danger of resection had been much magnified.

Dr. Byrd thought that resection was not so dangerous. He had made six resections, five of which recovered and one of which would probably die.

Dr. Wm. A. Byrd, of Quincy, Ill., exhibited a Hutchinson inhaler, stating that the mixture he used consisted of one part of bromide of ethyl, three of chloroform and four of alcohol. He had used it in seventy-eight operations, only two of the patients vomiting.

The society then adjourned to meet Wednesday at 9 A.M.

THE ARMY.

OFFICIAL LIST OF CHANGES of Officers serving in the Medical Department U. S. Army, from August 23, 1883, to September 8, 1883.

Clements, Bennett A., Mayor and Surgeon: relieved from duty with the Army Medical Examining Board, New York City, New York. (Par. 11, S. O. 193, A. G. O., August 22, 1883.)

Kimball, James P., Captain and Assistant Surgeon: relieved from duty in Department of the Platte and to proceed to New York City and report in person to the President of the Army Medical Examining Board for duty as a member of that board, *vice* Surgeon Clements, relieved. (Par. 11, S. O. 193, A. G. O., August 22, 1883.)

Shufeldt, Robert W., Captain and Assistant Surgeon: granted leave of absence for three months on Surgeon's certificate of disability, with permission to leave the Department of the South. (Par. 3, S. O. 204, A. G. O., September 5, 1883.)

Wakeman, W. J., 1st Lieutenant and Assistant Surgeon: assigned to temporary duty at Fort Sidney, Nebraska. (Par. 2, S. O. 92, Department of the Platte, August 28, 1883.)

DR. WISSENBERG claims excellent results in the treatment of vulvo-vaginitis in girls by iodoform (Memorabilien, June 9, 1883). His method is the following: The child is bathed for the first few days in lukewarm water, and the vagina is syringed out two or three times a day with lukewarm infusion of chamomile. When the inflammation is somewhat reduced by this treatment, usually after three days, the vagina is dried with salicylated cotton on a uterine sound and then an iodoform pencil is passed up above the hymen. In two days, after a bath, this procedure is repeated, after which the cure is in most cases complete.

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 14. CHICAGO AND ST. LOUIS, OCTOBER 6, 1883. TERMS: $3.00 A YEAR.

DR. S. G. WEBBER in Boston Medical and Surgical Journal says: A. Eulenberg considers the curability of locomotor ataxia. In 300 cases he has had three recoveries, the patients remaining well for several years, in one case eight years. The characteristic symptoms disappeared, and there remained only insignificant traces of partial anæsthesia. The proportion of cures is small, but he recalls the fact that in a disease that has been considered incurable a proportion of recoveries so small as one in 100 is encouraging. The treatment was not the same in each case. He used galvanism, hydro-therapy, and nitrate of silver; the silver was used in two of the three. He recommends the subcutaneous injection of a silver albuminate. In regard to hereditary ataxia he further says: L. Rütimeyer reports several cases resembling Friedereich's hereditary ataxia. Eight were in one family, and three in another. It appears sometimes as early as four years, sometimes as late as the eighteenth year. The disease is quite different from progressive locomotor ataxia; there is not the lancinating pain; the ataxic gait appears early, and soon there is inco-ordination of the upper extremities; the speech shows disturbance of co-ordination, and there is ataxic nystagmus; tendon reflex is absent; there is often a slight diminution of sensibility; muscular sense is not disturbed; at length there is paraplegia with contracture; bed-sores rarely form; there is no disturbance of bladder; the mind is not affected. Rütimeyer thinks the disease affects the spinal cord primarily, the medulla oblongata and corpora quadrigemina secondarily. Dr. William A. Hammond has also suggested that the medulla oblongata may be the seat of the lesion in this affection.

DR. SCHUSTER, of Aix-la-Chapelle, in an article to the Journal of Cutaneous and Venereal Diseases, discusses at length the elimination of mercury from the system. His observations were at first confined to its excretion through the urine, but finding that in some cases it failed to reveal itself through this channel, he devoted his attention to the fæces. The examination was begun ten days after the commencement of treatment (by inunction). The method of examination was as follows: The fæces were first mixed with five grams of bromine; they were thus disinfected; they were then evaporated to a thick pasty mass. To this paste were added concentrated nitric and hydrochloric acids, in order to destroy organic substances, and the whole evaporated to dryness, until all the acid was completely expelled. The dry mass was mixed with hot water, and filtered. Then brass wool, *i. e.*, filaments of copper, is added to the water, and any mercury in the solution by forming an amalgam with the copper is separated. After having been left at rest for some time, the brass wool is taken out, washed on the filter with water, then with alcohol and finally with ether; rolled up it is then thrown into a potash-glass test-tube and heated; any mercury present is thus sublimed at a cold part of the tube. The brass wool is removed, and a trace of pure iodine is introduced into the test-tube and heated: the iodine vapors then unite with the hydrargyrum to form iodide of mercury, and a bright-yellow to fine carmine-red deposit proves the presence of mercury. After a prolonged course of treatment Dr. S. says that mercury was found in the fæces in such quantities that it could have been estimated quantitively. His conclusions are as follows: 1. That mercury introduced

in the organism through the skin or in any other way is eliminated continuously. 2. That this elimination in the ordinary mercurial treatment is completed after the lapse of six months. 3. That, therefore, there is no persistence in the organism of the introduced mercury. The object of these investigations was to test the statement made by Vajda and Paschkis, that mercury once introduced in the system remains there indefinitely. The author, as is seen by the above conclusions, sustains the contrary opinion.

With the Exception of Tuberculosis, no disease is as fatal as the intestinal catarrh of infancy, occurring especially during the hot summer months, and caused in the great majority of cases by improper diet (Medical Record). There are many upon whom the idea does not seem to have impressed itself that an infant can be thirsty without, at the same time, being hungry. When milk, the chief food of infants, is given in excess, acid fermentation results, causing vomiting, diarrhœa, with passage of green or greenish-yellow stools, elevated temperature, and the subsequent train of symptoms which are too familiar to need repetition. The same thing would occur in an adult if drenched with milk. The infant needs, not food, but drink. The recommendations of some writers, that barley-water or gum-water be given to the little patients in these cases, is sufficient explanation of their want of success in treating this affection. Pure water is perfectly innocuous to infants, and it is difficult to conceive how the seeming prejudice against it ever arose. Any one who has ever noticed the avidity with which a fretful sick infant drinks water, and marks the early abatement of febrile and other symptoms, will be convinced that water, as a beverage, a quencher of thirst, as a physiological necessity, in fact, should not be denied to the helpless members of society. We have often seen an infant which has been dosed ad nauseum for gastro-intestinal irritability, assume, almost at once, a more cheerful appearance and rapidly grow better when treated to the much needed draught of water. If any one prescription is valuable enough to be used as routine practice it is—"Give the babies water."

We are Already Acquainted with the fact that a certain number of medicines when ingested by the ordinary channel were, in part, eliminated by the secretion of milk, but we (Lancet) do not possess precise information concerning the influence of the medicaments on the quantity and quality of the secretion. Observations recently made by M. Strumpf on the milk of goats, as well as on the secretion in the human female during lactation, have in a measure supplied this want. Iodide of potassium was found to lead to a marked fall in the quantity of the fluid secreted, the proportion of proteid and saccharine principles was increased, whilst the proportion of fat was diminished. The quantity of iodide secreted was very small, so that the notion that iodide of potassium can be administered to children by way of their nurse is not sustained. Alcohol increased the richness of milk in fats, whilst the proportion of albuminoids and carbohydrates was not modified. Unaltered alcohol was not detected in the milk. Neither alcohol, morphia, nor the preparations of lead had any influence on the quantity of secretion. Salicylic acid seemed to excite secretion a little; pilocarpine exercised no effect in this direction. The richness of the milk in sugar was increased by salicylic acid, which passes out of the milk secretion in greater quantities in the human female than in the herbivora. Traces of lead were also recognizable in the milk of those subjects who were ingesting the preparations of lead.

A Treatise bearing the title of Experimental Diphtheria, and written by Dr. Otto Heubner, of Leipsic, has lately received the prize given by the Empress of Germany (Medical Age) for the best essay on the subject of diphtheria. The Lancet gives a synopsis of the report of the committee who awarded the prize. Neither the committee nor the author of the work considers that its contents have

solved the important question propounded. The members of that body have pointed out that they dissent from any of his theories, but recognize the completeness with which he has treated the portion of his subject which deals with practical experiments regarding the nature and pathological development of the malady. In his introductory remarks, Dr. Heubner seeks to prove that the local and general symptoms of diphtheria form two distinct elements of the disease, and urges that, in trying for experimental purposes to bring about in animals a condition which resembles a diphtheritic affection of the human organism, no system is of real value which does not reproduce in a corresponding manner the membranous formation so rarely absent in cases of diphtheria. While admitting the identical nature of the results obtained by Weigert with corrosive applications and of the local affection typical of diphtheria, he considers that these results are deficient in practical value by reason of the difference between the means employed in their production and the active causes of diphtheria in the human subject. With the view, therefore, of establishing artificial diphtheria in a manner closely resembling the natural process, Dr. Heubner commenced a series of experiments founded upon the results obtained by Cohnheim and Litten in their researches as to the effects on various parts of the animal system of a temporary stoppage of circulation. The condition induced has been described as coagulation-necrosis by Cohnheim and Weigert, and Dr. Heubner arrived at the conviction that diphtheria was in reality produced by a local condition of a character analogous to the inflammation of the tissue of the kidneys, etc., recorded in connection with their experiment. His method of procedure (for which he acknowledges his indebtedness in some degree to Prof. Cohnheim) consisted in the application of a thread ligature to the urinary bladder of a rabbit in such a way as to produce a temporary but complete stoppage of circulation. A considerable portion of that section of the work which deals with Dr. Heubner's own experiments is devoted to the description of the various appearances presented by the organ in question upon the animals being killed at periods varying from twenty-four to seventy-two hours after the performance of the operation referred to. In his general comparison of these appearances with those which attend diphtheria in the human organism, Dr. Heubner alludes to the simultaneous process of necrosis and of swelling as finding a parallel in the diphtheria which at times accompanies scarlet fever rather than in the primary form of the disease. This fact he ascribes, however, to the exigencies of the case, which involve the stoppage of circulation in the entire wall of the organ experimented upon. From this he argues that, were the mucous tissue subjected to the influences referred to, an isolated affection would be produced of an identical character with that of primary diphtheria in the human subject. In one of his experiments such a result was really attained. He further maintains that, if by the action of cold or other causes a stoppage of circulation for two hours were produced in the most superficial portions of a mucous membrane, there would be seen an exudation of a croupy description a day or two later, these limits of time corresponding with those which were found to regulate the progress of the experiments carried out by Dr. Heubner himself. In recording its dissent from various theories propounded by Dr. Heubner, the committee expresses its opinion that the experimental results described in his treatise may be found of practical value, though perhaps not without certain modifications in the detail of his mode of procedure. The second portion of the work deals, amongst other matters, with the results obtained by the introduction into the animal system of diphtheritic matter from the human subject. With this part the committee do not see their way to express concurrence, their decision having been given from an appreciation of the earlier portion of the treatise, to which detailed reference has been made.

THE FOLLOWING is from the Journal of cutaneous and Venereal Diseases: The author's

special microscopic examinations in the year 1881, led him to believe that he had detected the presence of organisms in the roots of diseased hair, and he has furthermore obtained conclusive evidence that treatment designed to arrest the development of the organisms and mechanically to prevent their transportation from one hair to another, is sufficient to arrest the disease. This treatment consists simply in the free use of sulphur-ointment. The facts presented and the theory founded on them are summarized under their respective heads as follows: 1. The facts are, that minute bodies of definite and fixed shape and size are found in and on the hairs in alopecia areata. These bodies are distinct from the granular elements present in hairs, and are neither oily particles nor crystals. They are of the size and shape, and have the refractive qualities of bacteria. When presented in small numbers on the shaft, the hair is entire; whilst within some hairs, much affected by the disease, they were found in great numbers. 2. The theory is, that these bodies are bacteria, and that the disappearance of the hair is due to a breaking up of the hair shaft by the multiplication in it of the organisms. It is added in a note that subsequent recent investigations have confirmed the author's views regarding the existence of this bacterium. He has now observed in all the phases through which a bacterial organism may be traced, and will shortly be able to publish an account of methods by which it can be more rapidly observed.

It Has Been Observed as a result of the poisonous action of Calabar bean on animals (Therapeutic Gazette), that there is a tetanic spasm of the muscular coats of the intestines, which results in the forcible expulsion of the contents. This physiological property of the drug suggested to Dr. Schaefer (Berlin Klin. Wochenschrift) the employment of the drug in cases of obstinate constipation (obstipation), dependent upon atony of the muscular coats of the intestines, such as may be frequently met with in women and old men. The results of his experiments have amply justified his anticipations, based on the physiological properties of the drug, severe cases having yielded to the treatment in less than twenty-four hours after the administration. His formula consists of a solution of 5-6 of a grain of extract of physostigma in 2½ drachms of glycerine. Of this solution six drops are to be taken every three hours during the day. The remedy seems to be recommended rather as a means of securing the immediate relief of the difficulty than as a means of restoring the tonicity of the muscular tissue, after the manner contemplated by the administration of cascara sagrada.

Although we do not Expect that the hypodermic injection of medicines for the cure of an affection requiring such protracted treatment as syphilis will become general, we are glad to bring before our readers a preparation which seems to have advantages over other compounds previously advanced for the same purpose. The substance in question is hydrargyrum formidatum, and has been recommended by Prof. Liebreich. The following note respecting it is from the Therapeutic Gazette: "The agent is said to belong to the amide group, in whose structure the monovalent amidogen ($N H_2$) plays an important part. Liebreich was led to think of this new preparation from the notion that the ordinary amides of the body, of which urea may be regarded as the principal one, pass out of the organism in an undecomposed state. When, however, an amide is in combination with a metal decomposition readily occurs, and the metal is reduced and deposited. Liebreich repeated his experiments before the Berlin Medical Society, and showed that these conjectures were quite true for the metal mercury. It is possible, therefore, that the formidate of mercury, after the hypodermic injection, undergoes disintegration, thus setting mercury free, and in a condition facilitating its well known power over the lesions of syphilis. The preparation is easily soluble in water, of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury may be demonstrated by

means of sulphide of potassium. It is administered hypodermically, the injection causing but very little pain, and never, as far as noted, exciting any inflammation. From half to a whole of a Pravaz syringeful of a one-per-cent. watery solution of hydrargyrum formidatum is injected twice or thrice daily."

In an Article on Hemorrhagic Purpura the Journal of Cutaneous and Venereal Diseases says: 1. Hemorrhagic purpura, considered as a rheumatismal phenomenon, occurs (although rarely) either synchronously or in alternation with, before or after, the other manifestations of the rheumatic diathesis. 2. The punctiform hemorrhage characteristic of the disease is not, probably, confined to the outer integument, but may be inferred from accompanying gastro-intestinal symptoms (sometimes including even bloody stools), to take place also from the surface of the digestive tract. This is in accordance with the sympathy which has been proved to exist between the skin and the bowels. 3. Purpura.—A closing symptom of cachexia in Werlhof's disease, in scurvy, and in many other dangerous affections as well as in cancer, Bright's disease, advanced cardiac disorders, etc., is comparatively harmless when of a rheumatic nature, or occurring in the course of rheumatism.

Speaking of the Effect of recumbency on the length of the spine, Dr. H. Bradford, in the Boston Medical and Surgical Journal, says: The so-called physiological curvatures of the spine, not found in the fœtus or in infants unable to sit up, but invariably seen in other individuals, result from the necessity of curves in balancing the trunk with its anterior load of viscera when in the erect position, and in carrying the head erect. These curves are: a long one, with the concavity forwards, involving the whole dorsal and upper lumbar vertebræ, and two shorter ones in the cervical and lumbar region, with the concavity backwards. After referring to various observers who have corroborated the loss of height during the erect position he continues: There can be no doubt of the loss of height from the continued erect position. It is, however, also true that lying down immediately lengthens the body to a considerable extent, a fact which has apparently hitherto escaped the attention of writers. The following measurements illustrate this fact:—

No.	Age of Individual	Height in Erect Position.	Length in Dorsal Recumbency.	Difference.
1	28	5 ft. 8 1-2 in.	5 ft. 9 1-4 in.	12-16 in.
2	40	6 ft. 1 6-16 in.	6 ft. 2 1-16 in.	11-16 in.
3	38	5 ft. 7 10-16 in.	5 ft. 8 1-16 in.	7-16 in.
4	15	5 ft. 3-16 in.	5 ft. 1 1-16 in.	14-16 in.
5	22	5 ft. 8 in.	5 ft. 8 10-16 in.	10-16 in.
6	29	5 ft. 8 12-16 in.	5 ft. 9 in.	4-16 in.
7	30	5 ft. 11 14-16in	6 ft. 4-16 in.	6-16 in.
8	22	5 ft. 11 8-16 in	5 ft. 11 12-16in	4-16 in.
9	31	6 ft. 2 in.	6 ft. 2 12-16 in.	12-16 in.
10	35	5 ft. 4 13-16 in	5 ft. 5 5-16 in.	8-16 in.
11	3 1-2	3 ft. 1 8-16 in.	3 ft. 2 4-16 in.	12-16 in.

The result was the same in eight other measurements made, but which were not recorded, and in all cases where such measurements were made. The following measurements are also of interest:—

Age.	Measurement.	Erect.	Recumbent.	Difference.
35	Eve'g 10 P.M.	5 ft. 4 13-16in	5 ft. 5 5-16 in	8-16 in.
	Mor'g 7 A.M.	5 ft. 5 2-16 in	5 ft. 5 14-16in	12-16 in

They indicate not only that the height of the same individual is greater in the morning than in the evening, but also that the length of the body is greater in the recumbent position in the evening than is the height in the erect position in the morning, as well as the fact that a person is longer in the recumbent position in the morning than in the same position at night. The above facts can be explained both on the supposition that the intervertebral substances expand, or that the physiological curves diminish on recumbency; but as the amount of height gained by a night's rest is not as great as the length gained immediately by the recumbent position, it seems most probable that the change is due simply to the palpable effect this position would have on the long physiological curve. This view is also supported by the fact that the greatest proportionate gain was in the measurements of

the most flexible spine, namely, that of the child; and that too in a spinal column, which having less weight to support would suffer less compression of the intervertebral substances.

In its Anticipation of Cholera in the coming year, the Sanitary News of Chicago—although upon what grounds we have not the slightest idea—is justly indignant at the filthy condition of the streets. Certainly an indignation meeting would be in order if it would accomplish anything towards giving to Chicago a clean appearance if for nothing else but decency's sake. We cannot, however, agree with the Sanitary News when it calls upon the police to arrest anyone found throwing garbage into the street. What are the numerous inhabitants of our large cities to do with their garbage? They cannot eat it; they cannot or should not put it in their cellars. The only thing that the preservation of their health suggests is to get it out of the house and the city authorities will have reason to be proud of inhabitants who will religiously do that. Once in the street, however, it should be the city's duty to remove it to some judiciously selected quarter.

Dr. T. Gaillard Thomas says in answer to a question by one of his clinical class: There is undoubtedly great danger of propagating cancer by sexual intercourse, and repeated instances of cancer of the penis being contracted in this way are on record. The slightest abrasion of the penis may be sufficient for the absorption of virus from the malignant growth, and the husbands of women suffering from cancer of the uterus should, therefore, always be warned against intercourse with their wives. This, as you see, is a matter of very considerable importance, and I am glad that the point has been suggested.

Some Observations on the relations between glycosuria and diabetes, and the different forms of malarial fever in the malarial district around Tunis have been made by Dr. E. Calmette. (Med. and Surg. Reporter, Sept. 15, 1883.) These relate—1. To forty-one cases of remittent or intermittent fever, in five of which there was a transitory presence of sugar in the urine. 2. To fifty-five cases with jaundice and subconjunctival extravasation of blood. In several of these, a transitory albuminuria was seen, but no sugar in the urine. The patients of both categories, several months afterwards, passed urine without either sugar or albumen, but with a considerable quantity of phosphates and oxalate of lime. Among the natives diabetes is very frequently met with in those who had suffered from malarial fevers. The same is not observed among the population in towns, a circumstance which M. Calmette attributes to a relation between malaria and oxaluria; the separation of sugar or oxalic acid depending upon a disturbance of the glycogenic function of the liver.

A Correspondent of the Medical and Surgical Reporter gives an account of a severe hemorrhage occurring in his own person and produced by gastric ulcer. Feeling sick at the stomach one morning, he vomited a pint of arterial blood which was followed in a few minutes by two quarts more. Different astringents were given, some hypodermically; ice was eaten, and the chest packed in ice, but the hemorrhage continued until, as several of the doctors expressed it, he had vomited two gallons (?) of blood. Unconsciousness followed. A large dose of quinine (sixty grains) was given, which was immediately thrown up with some blood, but after this the hemorrhage stopped. He remained in a semi-conscious condition for three days, and then as he rallied had craving for sour food. In three weeks he could walk about with difficulty, but suffered from loss of appetite, and a constant sinking and sick feeling in the stomach. After several months the desire for acid food continuing, he drank some sour wine which agreed with his stomach very well, but he found buttermilk agreed with him better, and he still continues its use, without any distaste for it. He now weighs ten pounds more than ever before.

In an Article on "The Treatment of the sac in herniotomy," in the British Medical Journal, Mr. A. F. McGill says: There are two courses open to us (1), we may leave it alone, or (2), we may fasten it up and thus seal the peritoneal cavity. The first is the one usually taught and described in the text books, but since the advancement made in abdominal surgery there is no reason why the peritoneal cavity should not be occluded in every case. The methods by which this may be accomplished are four in number: 1. The sutures may be inserted through skin and sac, both being approximated at the same time. 2. The margins of the sac may be separated from the tissues external to it, and brought together by catgut, the skin being united by a second row of sutures. 3. The neck of the sac may be ligatured and the sac removed. 4. The neck of the sac may be ligatured and the sac left in position. Of these methods he prefers the third and says it presents two great advantages. It most effectually closes the abdominal cavity and to a certain extent prevents the recurrence of the rupture; in other words it diminishes the risk of the operation, and it improves the result. The separation of the sac from the surrounding tissues is generally effected without much trouble in cases of femoral hernia, whilst in inguinal hernias, especially if large and of long standing, some difficulty may be expected. When separated a stout No. 3 catgut ligature is applied and the sac is removed with scissors. In this connection he say that during the last year herniotomy was practiced at the Leeds Infirmary seventeen times, the peritoneal cavity being occluded in all cases when practicable. Of these cases there died: in two the gut was gangrenous at the time of operation; in the third, a child of five months old, there was subsequent bursting of the gut within the abdominal cavity. In the last four months he had himself operated ten times by one or the other of the methods mentioned, and of these cases two died. In the first strangulation had existed for seven days; four inches of gangrenous bowel were excised; the patient was extremely collapsed at the time of operation and died a few hours afterwards. The second was a woman, aged 76, with a large strangulated umbilical hernia; she did well for a fortnight, but diarrhœa came on and she died in the fourth week. Taking these two series of cases together, twenty-seven cases with five deaths, which would probably have occurred whatever method of operating was adopted, he says: These statistics are therefore, as far as they go, satisfactory, and lead me to think that surgeons who occlude the sac in all cases of operation for strangulated hernia will in the future have more successful results than they have had in the past.

An Interesting Item of the Citizens Association of Chicago is as follows: About 50,000 Americans live in cleanly places—many in flats; as many Germans live in small houses—very few in flats; about 20,000 English and British-American immigrants live; healthful home life; 40,000 Scandinavians in the northwestern part of the city are rather crowded; 15,000 Poles in the Fourteenth ward and 20,000 Bohemians in the Sixth lived huddled together, and that 4,500 Italians in the Second ward live in filth. The Irish, numbering 100,000, seldom crowd many families into one dwelling. Italians, Poles and Bohemians crowd together from choice. Several families of Italians share one room. Their food is often little better than refuse. In the committee's opinion large six and seven story tenement-houses, perfect in their sanitary arrangements, should be constructed by the large corporations for the use of their employés.

An Account of Thirty-two Cases of wandering kidney is contributed to the Charité Annalen, 1883, by Professor Senator (Cin. Lancet and Clinic). He proposes the name ectopia renis as being more in accord with fact than that of wandering kidney. His observation is that ectopy of the kidney occurs once in every hundred and thirty-nine women seeking advice, and as often among the poorer as the well-to-do classes. He considers the opposite conclusion of some authors based

upon insufficient or inexact data. The disappearance of the fat he does not regard as the cause, but considers the peculiarities of sexual life and of the clothing of women to be predisposing causes. Of forty-two cases observed by Landau, forty had borne children, whilst of twenty-seven of Senator's twenty-two were mothers; the writer therefore regards repeated pregnancies and consequent softening of the abdominal walls as factors in the production of the affection. Displacements of the sexual organs, hydronephrosis, and tumors of the kidney may be possible causes. Tight lacing, which he regards as a sin, is included among the causes, and in justification of this is the fact that the affection is more frequently right than left-sided, which he believes is due to the greater probability of the pressure being continued through a solid organ, as the liver, than through the space occupied only by the colon and the spleen, which is comparatively small. The only reliable sign of diagnosis is the discovery of the tumor, and he recommends as the most suitable position for the patient the supine, with the thighs passively raised. The position of the examining physician is a matter of indifference, he recommending one and Landau another.

The Results Obtained from the use of iodine in malarial fever do not seem to be very satisfactory. Dr. Frank Finney reports in the Medical News, Sept. 22, 1883, the use of it in thirteen cases ranging in age from two years upwards, and of these four recovered under the iodine treatment, while in nine the usual quinine treatment had to be resorted to before the disease could be controlled.

A Correspondent of the Cincinnati Lancet and Clinic gives an account of some unusual manifestations of malaria. The most prominent symptom is pain at base of brain, and in left hypochondriac and lumbar regions. In nearly every case there is excessive accumulation of mucus in throat and mouth, more or less irritability of stomach, tongue heavily loaded with dry, dark brown coang; appetite poor, thirst excessive, bowels variable, at times constipated, at others relaxed. The disease seems to run a certain definite course, lasting from four to six weeks, and generally of an intermittent type, occasionally remittent. Quinine fails even when given in heroic doses and other anti-periodics have no effect.

Several Cases of chronic bronchial and pulmonary diseases in which the tincture of uraguara (didinamia angiosperma) was used with good effect are reported by M. P. Merlini (Med. News, Sept. 15, 1883). The first patient had symptoms of pulmonary phthisis; after three months and a half of treatment there was only a slight vesicular murmur. The tincture is prepared from the leaves or from the bark of the root, and is given in doses of gtt. v.-xx three times a day, before meals, in a glass of water. The tincture is well borne by the stomach, and its prolonged use produces no digestive troubles. It causes an increase of appetite and an improvement in the general health. Merlini states that in several cases in which cod-liver oil, iron, lime salts, etc., had given no improvement, he obtained excellent results with the uraguara.

The Use of Alcohol in the treatment of burns has been successfully employed by Dr. E. Nelasco (Med. News). He first bathes the raw surface with alcohol (96 per cent.) and then covers it with wadding which is soaked with alcohol whenever it becomes dry. The pain ceases immediately on the application. In unfavorable cases the recovery was prolonged to the eighteenth day, while in those of lesser extent and depth, healing without suppuration occurred on the third day, leaving no trace of injury.

From a Careful Study of upwards of four hundred cases of hernia, Dr. Leisrink arrives at the following conclusions. (Med. Rec.): 1. The radical operation should never be attempted for the cure of reducible hernia. 2. In the case of very large and painful, or of otherwise incapacitating hernias, the operation is justifiable. 3. Old and feeble persons and very young children should not be exposed to

the risks of this operation. 4. The radical operation is indicated after the reduction of strangulated hernia, unless for any reason it be desired to keep the canal open. 5. A radical cure is very seldom obtained; yet (6) the condition of the patient is usually greatly bettered by the operation. 7. In every case a truss should be worn after the operation. 8. The radical operation should always be performed under the most strict antiseptic precautions.

THE OPERATION OF RESECTION of the lung was recently performed by Prof. Ruggi, of Bologna. (Med. and Surg. Reporter, Sept. 15, 1883.) His patient was a woman, æt 27, attacked with tuberculosis, with almost complete disintegration of the upper of the right lung. M. Ruggi proposed ablation of the organ, and, the woman consenting, the operation was performed by the surgeon, assisted by a young doctor of rising talent. The whole of the upper lobe was removed, and a part of the middle one. The patient bore the operation well, and is now in a satisfactory condition. Although the above operation has been only reported by one of the daily papers, it is to be hoped that it will not turn out to be another Koch and bull story. As to the modus operandi, details are wanting.

IN FOUR CASES OF DEATH from iodoform poisoning Dr. A. Hoepff found a condition of fatty degeneration of the heart, liver and kidneys. (Med. Rec.) The process was only beginning in some, but far advanced in others. The author then instituted a series of experiments upon rats, guinea-pigs, and rabbits, administering to them subcutaneous injections of iodoform in oily solution. In every case he found parenchymatous inflammation of the heart, liver, and kidneys. These experiments, however, do not serve to explain the peculiar cerebral symptoms observed in man after poisoning by this substance.

THE GENERAL COMMITTEE of the British Association for the Advancement of Science elected Lord Rayleigh President of the Association for 1884. Among the Vice-Presidents elected are the Marquis of Lorne, the Marquis of Lansdowne, Right Hon. Lyon Playfair, Dr. Charles William Sliemens, and Prof. Huxley. The date of next meeting, which will be held at Montreal, has been fixed for the 27th of August, 1884. The programme will include a free excursion to the Rocky Mountains and trips to Quebec and Philadelphia.

THE AMERICAN ACADEMY OF MEDICINE will meet at the New York Academy of Medicine, on Tuesday, October 9th (three o'clock), and Wednesday, October 10th. The Address by Dr. H. O. Marcy, of Boston, Mass., President, will be delivered on Tuesday evening, October 9th, at eight o'clock, on "The Recent Advances of Sanitary Science; the Relations of Micro-organisms to Disease" (illustrated by micro-photographs projected upon the screen). The following papers have been promised for the general meetings: Dr. L. S. Pilcher, of Brooklyn, N. Y., on "The Relations of Medical Journalism to Higher Medical Education in America." Dr. Traill Green, of Easton, Pa., on "The Imperfection of Technical Studies as a Means of Mental Culture." Dr. Benjamin Lee, of Philadelphia, on "The Value of an Acquaintance with Botany as a Preliminary to the Study of Medicine." Dr. Charles McIntire, of Easton, Pa., "Is it Fair? The Study of the Comparative Political Position of the Medical Profession in the United States." Dr. A. D. Rockwell, of New York, on "The Exact Value of the Electrolytic Method." Dr. J. Cheston Morris, of Philadelphia, "The Milk Supply in Large Cities." Dr. Charles E. Cadwalader, of Philadelphia, "Considerations upon the Public Provisions for the care of the Indigent Insane." Dr. A. D. Rockwell, of New York, "The late Dr. George M. Beard—a Sketch." Report of the Committee on Laws of Medical Practice in the United States and Canada (Drs. Dunglison and Marcy).

THE DISTRICT MEDICAL SOCIETY of Northwest Missouri will meet at the Court House, St. Joseph, Mo., Thursday, October 11th, at 10:30 A.M. Several interesting essays are promised.

CONTRIBUTIONS.

THE RESULT IN AN OPERATION FOR THE REMOVAL OF A SOLID TUMOR OF THE OVARY.—GREAT ENLARGEMENT OF THE GLANDS OF NABOTH AFTER LACERATION OF THE CERVIX.—PROLAPSE OF THE OVARY.

[A Clinical Lecture delivered at the Hospital of the University of Pennsylvania, May 9, 1883.]

BY WM. GOODELL, M.D.,
Professor of Gynecology in the University of Pennsylvania

REPORTED BY WM. H. MORRISON, M.D.

GENTLEMEN:—The first case that I shall bring before you is one of great interest to me:—a woman, from whom I removed an ovarian tumor, and my ninetieth case. Before I bring her in I wish to read an obituary notice, to show how, with the best motives on our part, we are liable to misconstruction. While I was in a Western city last year, a very conscientious and excellent surgeon related to me, with much pathos, a case of ovarian tumor on which he had operated a few days before. The operation was a needful one, and yet the lady was well enough to prepare breakfast for the physicians who had assembled. The operation was skillfully performed, but the patient died, either on the table or shortly after she was put to bed. The following biting obituary notice was shortly afterwards published in the local newspaper:

"Earth to earth, dust to dust, ashes to ashes."

"Passed from time into eternity without one brief moment's notice at ——, August 23, 1882, under the surgical blade of Dr. ——, of ——, and Dr. ——, of ——, attended by two others, Mrs. ——, consort of ——, aged 53 years, 5 months and 2 days.

"Mrs. ——— had been suffering from an ovarian tumor for several years. Otherwise she enjoyed good health. Through inducements held out to her by the surgeons that her life would be prolonged, perhaps, for many years, she submitted herself into their hands with the above result.

"When we take into consideration, that on the morning before her demise she appeared in the family circle dressed for the occasion, spoke consolingly to each one, kissed husband and children an affectionate 'good-bye', can we but exclaim, 'how brief the hours.' Mrs. ——— was an affectionate, exemplary wife and mother, etc.

A Friend."

What strikes me as rather rough and uncharitable is, the statement that she "passed from time into eternity without a brief moment's notice, under the surgical blade of Dr. ——," for he had acted with the utmost conscientiousness. It is often difficult to decide whether an operation should be urged in these cases. Yesterday I had a case in which I had to decide this question. A lady came to me with a large tumor, the exact diagnosis of which was doubtful. I saw that she was not prepared for an operation, so I told her that I would not urge it until she felt that she could not live without it. From the fact that she was not prepared, and as the operation (although it is a very successful one) might destroy her life, I did not advise its performance.

But to turn to our patient, who has now come in. She is twenty-seven years of age; she says that seven years ago she first noticed a tumor in her abdomen, but I must candidly say that I do not place much reliance on this statement. The enlargement may have been due to flatus. She also states that two years ago the tumor was recognized by a physician. Ascites then appeared, and within a period—eighteen months—she was tapped fourteen times. You can see the scars of the trocar. She came here early in April of this year. The diagnosis was a difficult one. It was perfectly plain that there was present a free fluid, not encysted. There was also in that fluid a body that gave a beautiful example of ballottement. Let me say a few words about ballottement, for in my examinations, I find that the students have a very vague idea of this mode of examination. This is a method by which we determine whether or not pregnancy exists. It is a peculiar feeling which a floating body gives to the finger. In employing this method to determine the existence of pregnancy, the finger is introduced into the vagina and the presenting part is given a little impulse or fillip. This causes it to float up in the fluid out of reach of the finger, but being heavier than the liquor amnii, it comes down with a little tap on the finger. This is vaginal ballottement. We obtain external ballottement in the same way; sometimes it can be obtained when the patient is on her back, but it is usually more distinct when she is on her side. In this patient there evidently was a pedunculated body floating in the fluid. When I pushed it away, it returned with a little tap to the finger. My first diagnosis was that it was either a pedunculated fibroid tumor of the uterus, or a solid tumor of the ovary. This was a rational, common-sense diagnosis. But the question then arose: why should she have ascites from a floating body. If the body were not free to move, it might produce dropsy. Fibroid tumors of the uterus and ovarian tumors often do this in one of two ways; either by irritating the peritoneum, or by pressure upon the large abdominal veins, producing stagnation of blood and oozing of serum. As this was a floating body, it could not irritate the peritoneum, nor could it press upon the blood vessels. This led me to think that the tumor was a malignant one, secreting its own fluid.

The operation was performed three weeks ago, and although she is still very thin, her appetite is good and she has been gaining ever since. I wish to show you the incision in the abdominal wall. These wounds heal beautifully, especially in thin subjects. In fat women, there is always more or less puckering, and union is not so perfect. But we cannot get such good results unless every detail of antiseptic surgery is carried out.

This patient had done very well indeed, the ascites has not reappeared, but at the lower part of the abdomen I feel a hard body which gives a sensation of yielding to pressure. This makes me think that it is a collection of fæces. She has taken one Sedlitz powder this morning, but as it has not operated I shall order another to be taken before dinner. The only medicine that she has taken is what we call the lemonade iron,—a mixture of the muriated tincture of iron with phosphoric acid and strychnia. This is improving her appetite and building up her system,

The tumor proved to be one of the left ovary with a long pedicle. The dropsy came from the tumor itself. It had naked papillomatous excrescences, from which the fluid had been secreted. Papillomatous tumors of the ovary are not necessarily malignant, but on the other hand, it is not always easy to decide that point, and I am having the tumor examined microscopically. The right ovary having taken on follicular degeneration, was also removed. As a result of this double operation she will probably never menstruate again; indeed, the drain on her system has been so great that for over a year she has not seen her monthly periods—her "corsets," as she calls them.

The points of interest in this case are: the existence of a solid tumor of the ovary which is rare; its long duration, viz., seven years, for usually the woman dies within two years after an ovarian tumor is discovered. Cysts of the broad ligament, however, may last indefinitely; and thirdly, the secretion from the surface of the tumor. I had an analogous case in Pottstown last year. There had been a cyst, which had burst, and there was a papillary growth like a cauliflower. From this the ascitic fluid came. This tumor had a bad look, but it was evidently benign, for the woman is still alive and enjoying good health.

GREAT ENLARGEMENT OF THE GLANDS OF NABOTH AFTER LACERATION OF THE CERVIX.

Here is another interesting case to me, for I have never seen one in which the condition was so bad. In one of her labors this woman met with a bad bilateral laceration of the cervix. As you are aware, the cervical canal is studded with a large number of little glands—the glands of Naboth. In an uninjured cervix, these glands are not visible to the naked eye, because they lie in the cervical canal and are also too small. But after laceration of the cervix, they will often be seen in the everted mucous membrane of the cervical canal as large as shot. Sometimes on the uneroded surface of the cervix a number of little puncta can be detected, from which a fluid exudes on pressure. These are the mouths of the displaced Nabothian glands. As a result of the laceration, there is in this patient an eversion of the posterior lip of the cervix, and the exposed Nabothian glands became so irritated and hypertrophied that they look like a cluster of currants. They formed a mass nearly as large as a hickory nut and were filled with a glairy fluid. I therefore postponed the operation, but cut into the tumors in every direction; cross-hatching as the engravers call it. I then applied solid nitrate of silver. I did this on a second occasion. She has also had applications of iodine; but although the parts are very much improved, she is not yet in a fit condition for the operation. I have advised her to go home and have her physician apply every four or five days a strong tincture of iodine, prepared by the addition of one drachm of iodine to an ounce of the compound tincture; we shall also probably have nitrate of silver occasionally applied until these glands are destroyed.

To-day, I am going to remove a number of these with the scissors. I here show you the mass of glands. I should not blame any physician for considering this to be a malignant disease, but I do not think that it is malignant. I snip off a number of these and apply nitrate of silver. Sometimes a piece of the caustic beaks off in the cervical canal. This accident does not happen so frequently now as it did a number of years ago, when these applications were more frequently made. Some years ago, when applying the solid caustic to the uterine cavity, I awkwardly managed to break off a large piece, which remained behind. Quite alarmed, I tried for some time to get it out, but could not. I have, however, found that there is no need of being worried in these cases. All one has to do is to saturate a piece of cotton with a solution of common table-salt and apply it over the mouth of the womb. As the nitrate of silver oozes out, it is converted into the chloride, and is thus prevented from irritating the vagina.

One lesson we learn from this case is not to be in a hurry to operate for laceration of the cervix, but to wait until the surface is sufficiently healthy. It often requires weeks of treatment to get the parts in a fit condition for the repair of the cervix.

PROLAPSE OF THE OVARY.

The next case is one that comes to us for diagnosis. It is a patient who had been in the medical ward for some time, suffering from obstinate dys-

pepsia. After having been treated for sometime without benefit, it was found that the reproductive organs were at fault and she was turned over to me.

What conditions of the reproductive apparatus would cause indigestion? It seems to me that the whole of a woman's menstrual life revolves around the reproductive organs as a pivot. There are few women who are in exactly their normal condition at the menstrual periods; they are more irritable, excited, more ready to find fault, and quarrel; many women are melancholy at this period. I do not think that this ought to be so in women in a typical condition of health, but it is so in these days of brain-cramming. I have, indeed, known instances where at the menstrual period women were to a certain extent insane. In pregnancy, as you know, women often have peculiar longings, their minds are sometimes perverted and they are more or less insane. It is my impression that the womb does not always directly produce these symptoms, but that they are due to the action of the womb on the ovaries, the irritation thus produced, being transmitted to the nerve centres, producing various reflex symptoms.

This patient tells me that she has soreness over the groins and burning over the entire body. Her appetite is good, but she is troubled very much with wind.

I shall now make a vaginal examination. The first thing that I find is a pessary. When she first came under my care, I did not have time to examine her, so I sent her to the dispensary, where the pessary was introduced. On removing it I feel, behind the womb, a little body, which may be the fundus of the womb, the ovary, a little tumor in Douglass' pouch, or an exudation from cellulitis.

The walls of the abdomen are so flaccid that I can, without the slightest difficulty, get the womb between my two hands and determine that it is in a very good position of natural ante-flexion. The introduction of the sound shows the same thing. Pressure on the little body behind the womb gives pain. It has now slipped beyond the reach of the finger, but by making the woman cough it comes down again. It is too tender and too movable for anything but a prolapsed ovary. The womb is also a little prolapsed from hypertrophy, and there is a slight laceration of the cervix, but I think not sufficient to produce mischief.

We often find prolapse of the ovary in cases of sterility; the cause then is congestion, which makes those organs too heavy. Sometimes it is due to hydrosalpinx. Salpinx means a trumpet and the term is applied to the Fallopian tube, or ovi-duct as it should be called, because where it joins the uterus it flares out like a trumpet. Hydrosalpinx is therefore dropsy of the Fallopian tube. The tube sometime becomes occluded at two points, and having a secreting surface, the liquid collects and the tube becomes distended, producing vague pelvic reflex symptoms. The diagnosis is difficult, but it can sometimes be made out by the sausage-like form of the cyst. The treatment is unsatisfactory, and I have on several occasions been obliged to remove both the ovi-ducts and the ovaries, in order to cure the lameness and the constant aching in the groins.

Occasionally the ovary comes down from increased weight, due to one of two kinds of structural change—either follicular or parenchymatous, the former being the more common form of enlargement. It is this form of degeneration which produces the multi-locular cyst. When one sees an ovary in the beginning stage of follicular degeneration, one can readily understand why an ovarian tumor is multi-locular. The ovary is studded in every direction with a large number of these little cysts, looking precisely like the cluster of Nabothian glands which I removed in the first case.

The proper plan of treatment in the case before us is the use of a pessary; but it is sometimes a difficult matter to fit a pessary so as to keep the ovary from becoming prolapsed.

This patient tells me that she also has a pain in the cardiac region. On questioning her, she says that she has noticed a brick-dust deposit in the urine. This is an important point. You will occasionally come across cases of lithaemia which will resist all treatment by tonics. This is especially the case in fat persons. If a stout woman comes to you complaining of ill-defined pains in various parts of the body, with pain in the region of the heart and in the groins, for which you can find no adequate explanation, question her in regard to the character of the urine, and you will frequently find that there is a brick-dust deposit. Even if there be no deposit, and other remedies have failed to benefit, it is well to treat her for that condition. One of the best remedies under these circumstances is the effervescent citrate of lithia; the alkalies are also of service.

I am not going to treat her exactly in that way. She has a good deal of flatus, which I think is due partly to dyspepsia and partly to nervous influences. I am going to give her a carminative tonic with bromide of potassium, a remedy which I use in the beginning of almost all of my cases: ℞. Potassii bromidi, ℥iv; infusion. gentian. comp., ℥iv; solve. S. A dessertspoonful before each meal.

After she has finished that bottle of medicine, I shall give her the effervescent citrate of lithia.

There is another point to which I wish to call your attention. She has pruritus of the genitals. In these cases, especially if the patient is at all fat, there will often be found sugar in the urine. This is not so serious a complication as it would be in a person who is not fat. You cannot cure that pru-

ritus unless you give some remedy to remove the sugar. The pruritus is due to one of two causes; either to nervous influences or to the sugar passing over the parts. Under such circumstances, I give salicylate of sodium with glycerine, and put the patient on a suitable diet.

I wish you to remember that when you have a case of pruritis, do not simply prescribe for that symptom. Anyone can do that. But what I wish you to do is to trace the disease to its source, to examine the urine and find out whether or not it contains sugar, and whether or not she is suffering from lithaemia. Then give the proper treatment for these conditions. The urine of this patient will be carefully examined.

We are constantly blundering in taking for granted things that do not exist. A patient comes to us complaining of pain in defecation and of other pelvic symptoms. We make a vaginal examination, find a slight prolapse of the womb, or a retroversion, or a laceration of the cervix, or a prolapsed ovary, and, jump to the conclusion that this is the cause of the trouble and promise a cure. We introduce a pessary and make applications, but the patient gets no better. Finally we examine the anus and find a fissure. I once got caught in that scrape and I now make it an inflexible rule, whenever a woman complains of pain in defecation and aching about the rectum, to examine the anus for a fissure; for where one man has a fissure, ten women will suffer from the condition. As I have said to you before, if I were to define woman, not from a poetic but from a chylopoetic point of view, I should say that she is a costive biped. Women do not keep their bowels regular. This comes from motives of delicacy, for the privy is often located in an exposed situation where it can be plainly seen by passers by. It also comes from the long distance from the house at which the privy is often placed. A feeble woman is not going to walk half a square to the privy through the rain or after dark. The result is she restrains herself, the inclination passes off and a habit of costiveness is contracted. One of my objections to going into the country during the winter is the necessity of having to use one of these cold, bleak privies. I shall never forget one of my experiences in this connection. On one occasion, in a dark night, I found it necessary to go into one of these places. On the way I was interviewed by a dog. I tried coaxing him in a variety of ways, but he kept up a continual growling until at last the necessities of nature got the better of my fears and I went by him. He remained on guard outside, and it was sometime before I could summon up enough courage to get back to my bed.

This is a subject about which I have thought and written a great deal. I believe that every house without a water-closet ought to have an earth closet, for the sake of cultivating this habit of regularity. I am far more regular in this respect than I am with my meals. I believe that costiveness is at the basis of a good deal of ill-health, both in men and in women. The condition is more frequently seen in women because, as I have shown you, all their environment favor costiveness.

REPORT OF A CASE OF TORTICOLLIS.

Read before the Tri-State Medical Society at Indianapolis, Sept. 18, 1883,

BY DAVID S. BOOTH, M.D., SPARTA, ILL.

On October 18th, 1865, I was called to the house of Mr. S. B., of Grandcote prairie, to see his daughter. Upon entering the sitting-room I was amazed at beholding a boy sitting near the fireplace, whose head appeared to be bound hard and fast down upon his shoulder, with the chin turned upward and forwards, and to the opposite-side.

The face upon the side of disease was very much distorted, the muscles atrophied, the angle of the mouth depressed, the cleft of the eyelids drawn down to a lower level than on the other side, the eye-ball appeared to have fallen an inch or two out of line, the side of his face appeared to be smaller than on the opposite side—motionless and without expression, while the features on the sound side of the face appeared to be unnaturally developed. The disparity between the eyeballs was striking, one very much smaller than the other. Altogether he was a hideous looking object.

I proceeded to examine and then prescribe for the patient I was called to treat, and when through, started to leave the house without asking any questions or in any way alluding to the case of torticollis.

After leaving the house the father called me back, remarking, that he had a wonderful case that he wanted me to look at. I asked the father if it was the boy with the wry-neck? and he replied that it was. I informed him that it was not necessary for me to examine him, as the case was so well marked that any physician could name it at sight.

The father informed me that two of our citizen surgeons had examined the boy, and that they had informed him that the case was one of the worst, and none but Prof. Charles A. Pope, of St. Louis, Mo., would dare attempt the operation necessary to correct the deformity. This statement brought a smile to my face without provoking a reply in words. As I had no thought of ever operating upon the boy, I made a hurried examination and dismissed the case with this remark to the father: "Ask Dr. Pope if he was the only person in the West who could operate in such cases successfully."

A few days after the above conversation the father

called upon me, and requested me to take charge and operate upon his son if I believed it could be done successfully. But by reason of the opinions given by the two local physicians, and a fear that the operation might not prove a success, I declined, and advised that the suggestions of his former physicians be carried out. But after several interviews in relation to the case, in which failure and success were fully discussed, I agreed to undertake the case.

In getting the history of the case, I found that the boy was about twelve years old, and that the wry-neck was congenital in kind, but not in degree, as it had been progressive from birth, by reason, I suppose, of spastic contraction of all the muscles concerned in increasing the disease.

The visible deficiency of the development of th head, face and neck, were the prime factors in prompting the parents to desire and urge the performance of the operation.

Upon November 10th, 1865, I proceeded to operate, assisted by Dr. C. J. Childs, now of Coulterville, Ill., and Dr. John D. Scouller, at that time a student of mine, at this time Superintendent of the Illinois State Reform School, at Pontiac, Ill.

After the patient was under the influence of the anæsthetic, equal parts of chloroform and ether, I made a valvular incision at the internal border of the sternal head of the sterno-cleido-mastoideus muscle of the diseased side, passing the tenetome on the flat behind the same, then turning the cutting edge against the muscle, cutting outwards until it was completely divided, and in like manner dividing the clavicular head of the same muscle, all being done subcutaneously.

Without withdrawing the tenetome, I had gentle traction made upon the head, and found that the head could not be brought to the perpendicular. I then divided the anterior border of the trapezins muscle, its attachment extending up to the external border of the sterno-cleido-mastoid muscles again, gentle traction was made upon the head, but it could not be brought to a perpendicular.

I then found that which I took for internodular tissue, or a thickened condition of the deep layer of the deep cervical-fascia, and cautiously divided it, and immediately afterwards the sternal head of the sterno-hyoid muscle. Another trial was then made to bring the head in line with the body, and we succeeded.

While the splenius appeared to assist in drawing down the head, and in rotating the same so as to cause the face to look upwards, forwards and to the opposite side, yet I did not find it necessary to divide any portion of the same.

The shoulder appeared to be raised by the combined action of the scaleni muscles, but of course I did not divide them.

Dr. Scouller kept the parts tense by gentle traction upon the head during every step of the operation, and the different sections were made through one opening and subcutaneously. Every precaution was taken to avoid all vital parts behind and in front, such as the external jugular vein, and superficial branches of the cervical plexus, etc., etc.

A Jorg apparatus was applied, a compress wet with a weak solution of arnica was placed over the divided parts, an opiate given, and the patient put to bed.

The following day I found considerable effusion in and about the divided parts, but little inflammatory action, and at no time suppuration.

He continued to improve uninterruptedly until final recovery, and about the fourteenth day I ceased my visits.

Some eight or nine years afterwards he moved to Vernon County, Mo., near Nevada, where he has continued to reside ever since. Some two months ago he was here upon a visit and called upon me in my office, and he was so much altered that he was forced to give me his name before I could recognize him. There is no evidence in head, face or expression, position, etc., etc., to declare he had ever had wry-neck.

There is, to all apppearances, perfect symmetry in the two sides of the face, and he informed me that his vision was as good in one eye as in the other.

Before the operation assymmetry and contortion of his face, etc., etc., were so marked that he was truly hideous to behold, now he is quite a good looking man.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Sept. 30, 1883.

The President, Dr. Barret, in the chair.

Dr. Mudd presented a rare specimen taken from a child thirteen months old. He saw it about ten days before death, it had been healthy up to within a few weeks, when the mother noticed a peculiarity. It never rested nor could it be laid on its abdomen. On examination he found the bladder very much distended, but little water was passed. This retention, which came on suddenly, persisted till death. By passing a finger into the rectum a tumor could be felt. On post-mortem it was found that the bladder had a tumor springing from the prostate, the size of a small lemon, there being hypertrophy of the middle lobe of the prostate. Dr. Luedeking made a microscopic examination and declared it a hyperplastic myoma and probably of intra-uterine growth. The specimen is remarkable

as occurring in a child of this age, as it resembles that described as occurring in aged persons. The cause of death was uræmia.

Dr. Bernays remarked that this was a unique case. Still it could be readily understood that such might occur in childhood, as we already know that fibromata and myomata occur in the uteri of babes, and comparative anatomy has shown that the prostate and some muscular fibres of the urethra are the analogues of the uterus. The projection in the specimen looks as if the ducti ejaculatorii opened in that lobe, and that it was a backward turning of the coniculi seminali.

Dr. Mudd said that, without having examined particularly, the enlarged part was too far back to expect to find the ejaculatory ducts opening into it.

Dr. Prewitt regarded this as an extraordinary tumor for a child. Obstruction of the prostate is always found in old persons. Taking this to be a fibro-myoma, it is extraordinary also to find it involving the entire prostate.

Dr. Sir Wm. MacCormac did not have much experience in such cases. He regarded it as an extraordinary feature to have an enlargement of the whole gland.

Dr. Maughs wished to call attention to the fact that it was not a tumor but a hypertrophy—a hyperplasia of the prostate gland.

Dr. Green wished to know whether a hypertrophied gland might not return to its natural size, as for example the tonsils. He did not think it necessary for every hypertrophied condition to have commenced as an intra-uterine process.

Dr. Gregory said that the last speaker confounded an inflammatory with a non-inflammatory overgrowth.

Dr. Bernays presented a scapula and clavicle which he had found, being unacquainted with the history of the case. A striking thing about the specimen is that there is no articulation between the scapular end of the clavicle and the acromion. Where the coraco-clavicular ligament ought to be there is a dense mass of bone, and the connection between the scapular end of the clavicle and the spine of the scapula consists of a mass of callus-like, spongy bone. The articular surface of the scapula is intact. How such a dislocation and welding took place, of course, is hard to tell.

NINTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ILLINOIS, INDIANA AND KENTUCKY.

Held in English's Hall, Indianapolis, Ind., Sept. 18, 19 and 20, 1883.

Second Day.—Wednesday, Sept. 19.

MORNING SESSION.

The society being called to order, Dr. N. Field, of Jeffersonville, Indiana, read a paper on the Pathology of the Brain in its Relation to Insanity.

Insanity is a disease of the brain functional or organic; it may properly be said to be a functional disease as much as an organic. It is upon the brain that the vitality of every organ depends; it is the source of all the intellectual and moral power, and the originator of the five senses. It is as inexplicable in its phenomena, as electricity and its modes are very similar to it. Any interruption of a physiological operation is followed by a derangement of action of the nervous system. The brain exercises a supervision over the functions of organic life. Every motion is under its will; nothing can be done without it.

The physiological character and office of the brain is to furnish sensibility and vitality to the body; and by means of the five senses act as a medium of communication with the outer world. Its most important office is to think; this is its function. A well-formed and balanced brain makes a strong mind, and great men have superior brain. There is no special action of the brain for its different manifestations. The brain is a unit.

The brain has a healthy standard and any deviation will disturb its function. Insanity is the effect of an abnormal condition of the brain; it is not a disease of the mind. Thoughts can undergo no pathological change, no more than sight or hearing. Insanity is a generic term. It may be truthfully said that no two men are alike. Mere eccentricity is not evidence of insanity. But when insanity occurs, unmistakable symptoms come on. In some the eyes glare, the face is flushed—the lunatic is furious. In some there is an unnatural degree of suspicion or fear of evil; others wish to commit acts of cruelty. Headache, giddiness, insomnia restlessness, a quick pulse, illusion, etc., are all accompaniments of insanity. Insanity is a disease of slow growth and long duration. Puerperal mania and delirium tremens do not appear or disappear in a day, it is true. In this they are not like transitory mania. Expert lawyers have discovered many forms of insanity and have converted many medical experts to their own metaphysical ideas. The lawyers in their cross-examination will make them admit the most palpable absurdities. Maudsley says that this mania transitoria may take on the homicidal form. French, German and American writers recognize this form. If these forms of insanity occur, nearly all men are insane at some time or other. It is necessary for the honor and respectability of the medical profession to discountenance this imposition on juries. Let a man brave the issue of right or wrong and not take up the cowardly plea of insanity. I would here remark that physicians are no better judges of insanity than persons in constant contact with the patient, and even not as good. A physician's opin-

ion in a case of insanity is worth no more, if not personally acquainted with the patient, than that of another. It generally happens that in such trials some relative will testify to the insanity of the murderer. The witness should be indicted and sent to the penitentiary for allowing the prisoner to run about free, and there ought to be a heavy penalty unless they gave warning and placed him in a lunatic asylum.

The next paper was by Dr. C. G. Commegys, of Cincinnati, on Some Mental Problems in Questions of Medical Jurisprudence.

The progress of medical science increases the responsibility of physicians. If medicine had no other basis but that of prescribing, it would have no autonomy, it would become empiricism. True medicine has a philosophical spirit and on no subject have researches been more successful than on the brain and mind. The specialization of nerve areas over motion is one of these by means of which we can put our finger on the brain where mental processes exist. We know that the mind can do nothing of itself without the integrity of the organs of sense and of the brain; and without external sensation there is no perception, judgment or reasoning.

The simplest phenomenon is a reflex act. When a serpent is cut into pieces, each part responds to the irritation. A man may be completely paraplegic from injury of the spinal cord and yet by tickling the soles of his feet motion may be produced and the patient be unconscious of it. Consciousness is not necessary for reflex action. As we ascend the spinal cord to the bulb reflex actions are more complex. The lower centers are incapable of originating any action; the cerebrum alone is the center of consciousness.

The higher forms of instinctive actions in animals seem to approach closely to the thoughts of man. They are congenital, an impulse—not reason. But animals have organs of special sense impressed by objects. The automatic action of animals has been spoken of; in many it is intelligent action acquired by experience. There is reflection, design and education. At length we become able to do all voluntary acts without apparently thinking of them by simply calling them; and this becomes so machine-like that it is said to be automatic. But there is an immeasurable difference; unconsciousness exists all the time.

They are acquired and progressive movements, to overcome a disturbance of equilibrium for instance. Let consciousness be benumbed and no intelligent effort is made to recover it, and for this reason the infant and drunkard fall, and are not injured because no effort is made to recover equilibrium. Walking is slowly learned and acquired. Even this is suggested as being automatic by Dr. Carpenter. The erect station and locomotion are slowly acquired; it is an education and slowly acquired consciousness of muscular tension and coördination. Let the sensorium be obtunded and all fail at once. In locomotor ataxia the sensory nerves are obtunded, and the patient cannot walk unless he can see.

We are possessed of an ideational sense guiding our thoughts in the same manner. Impressions made upon the organs of sense are impressed in the sensorium and become sensations there, the raw materials of consciousness. The conceptions are made and for this language is indispensable. In aphasia there is a loss of memory. Nature and idea live in indivisible community. Trousseau in speaking of aphasia goes on to show that a great thinker or mathematician needs formulæ as a help to his thoughts. Spencer says that we cannot imagine justice without taking in its environments and relations. When ideation is complete, concerted action is possible and done without having thought especially directed to it. In the process of accumulation thoughts are classed into groups. The brain has a great range of capacity. Vital chemistry has no greater operations than here. It must have rest and when its nutrition is changed it loses power. Its capacity for sound judgment rests on the control of what it has stored. The man should be cool and collected, the powers of generalization hold in check the passions, etc. When impulsive consciousness is limited, but when incoherent with illusion the mental faculties are drifting. This supreme mental force may be said to be the correla tive of the totality of the organic power of the brain. There is not will, no self-control in dreams; only action and activity. Thus success exhausts good feeling and disappointment brings on melancholia. As long as the will is in abeyance the individual is under the control of his passions. An emotional or passionate person is unreliable because reason is under the control of passion. The coolest man after great success will sleep less, become desperate. It is impossible to tell what sinister influence sudden success in speculation may entail. Gamblers understand this and lure their victim to destruction by this means. The loss of nervous force impairs the amount and circulation of the blood in the brain and changes and weakens it; its powers and reflections being impaired, emotion guides it.

From its mildest to its gravest forms, insanity is a loss of will-power. We warn teachers against producing over-circulation in the brains of scholars; and modern society against narcotics and luxuries. Luxury and vice will, in time, overwhelm not only the individual but a nation. Parents should encourage the higher culture of the brains of their children. A capacity for higher forms

should be daily encouraged by increasing the number of voluntary actions.

At this stage a cable message from Dr. Morrell Mackenzie, of London, was read.

The next paper read was by Dr. Hay, of Chicago, on Insanity.

It is scarcely an exaggeration to say that most of the complaints in courts on the subject of insanity have arisen in the ambiguity of the language used rather than in a difference of thought. A verbal definition of insanity is impossible since the condition is a negation. Any one must be so comprehensive as to include too much or so specialized as to exclude some. Considering the subject abstractly it is necessary, first, to regard insanity as the negation of sanity. A sane condition is characterized by the integrity of the nervous structure expressed in the equilibrium of mental energy or conversely. By energy is meant mental action. In order to arrive at accurate results it is more essential to determine the absence of normal action than the presence of morbid. Law is the expression of a universal obligation which is essential, and must be applied to all things in their proper sphere. Every case of mental aberration is a condition of mental disorder, induced by some changed condition. This principle is implicitly accepted in the technology of mental diseases. The idiot is such, not from a primary defect of reasoning capacity, but of the perceptive faculties. This is recognized in the education of idiots, which consists of the education of the perceptive faculties by successive object lessons. This applies with equal force to the class of imbeciles. A close scrutiny of their mental operations shows a defective reasoning from deficiency in perception, which is superficial, incomplete, and not capable of abstract thoughts.

Definitions of special forms of insanity are equally as impossible as of the generic term, and it is impossible to say where insanity begins and sanity ends.

Mania, monomania and melancholic delusion are characteristic conditions. Delusion is not a false belief but a false ideational conception. Delusion is based on knowledge and conclusion from false evidence. The only channels for evidence to reach the mind are the perceptive faculties, and if normal there are no delusions. Delusions rest on false sense perceptions—hallucinations. But simple delusion is not regarded as an absolute criterion of insanity, as it may be present in sane minds. The true criterion is its retention in the mind despite everything, and is then an insane delusion.

Opinions may differ as to the source and origin of mental force or mind. That they should differ as to the forms in which it is manifested and their correlation is remarkable, as they can be observed. Whether investigation be inductive or deductive its earliest form will be found to be self-consciousness. For it is impossible for self to recognize that which is not self before it recognizes self. Next comes the recognition of the not-self and the reciprocal relation; next the correlation of all things outside of self. Self must underlie all. Subordinating self to non-self and inversely are the true tests of mental soundness. Let this test be applied to any type of insanity and this faculty will have disappeared. The non-self is excluded for the self.

This egotistic element is a predominant factor in insanity. In the delusion of insanity the patient only knows his own importance; if melancholia, the delusions of sadness and woe are devoted to self. Monomania, as a rule, is spoken of as of less importance. A drop of ink is a small addition to a vase of water, but it renders all impure.

Physical sensation is the reflex of impressions made upon the receptive capacities; so feeling is one from without. There is no feeling or sentiment without some original object from which to originate. The assumption (Maudsley) that all mental action originates in feeling is erroneous. All feelings are susceptible of being divided into two classes—pleasure and pain. Their reaction on the mind induces wishes or desires; and the sum total of inclinations or aversions constitutes moral tone of mind. There is nothing absolutely evil; crime is only contemplated for some good to the subject. Considered from his egotistic point it is only good for him. Pleasure comes, then desire, then an effort to do it. Without adequate perception or knowledge there is no feeling; without feeling, no desire; without desire, no motive; and without motive, no action. In the normal state, no one seeks that which is evil to himself. He only does so when there is a defect in the perceptive faculties or by an effort of the will. It follows, therefore, that these things being true that the modern theory of insanity fells; that all mental actions originate in feeling. The attention of thoughtful minds has been directed to the subject of moral insanity from the number of cases brought forward in courts in defense of criminals. As method without matter is void, matter without method is incomprehensible.

Dr. N. D. Gaddy, of Lovett, Ind., read a paper on Heredity, in which he said many now doubt the existence of heredity and class diseases as congenital rather than hereditary. It is conceded that each parent exercises some influence on the offspring; a susceptibility to disease is inherited by every one. If the disease itself is not present, it is because antagonizing forces act. Antagonizing influences of parents may successfully antagonize diseases from both parents or change their character. Paget claims that new diseases arise in this

manner. It is probable that a phase of disease, changed during the last century, was effected in this way. A young man has nervous symptoms the same that his mother had twenty years ago; another son may have some disease peculiar to his father. It is claimed that the male makes an impression on the female that remains until the next child by even another man. It is said also that offspring possess the power to transmit to their offspring the same peculiarities. Repeated impregnations by different males may give rise to a multiplicity and antagonize, permitting the peculiarities of the female to come to the front. Great variation is the result and latent influences reassert themselves after being apparently lost for a long time. The question whether the female is infected from the fœtus in utero would seem to be answered affirmatively by this. As to the manner in which the virus is conveyed there is a difference of opinion. Some say by indirect communication, and others directly by the spermatozoa or by the fœtus at birth, and that the female is more responsible for the infection of the child than the male. They forget that the spermatozoön may infect the female in its passage.

Can the male infect the mother, and, through her, the child? If the female's system be saturated the child will be diseased, but perhaps not until after birth. If the spermatozoön be infected on its passage, the uterus will throw off its product. What has been said of syphilis is applicable to other infectious diseases, with proper modifications.

The nutrition in the fœtus is the same as in the adult but is more rapid, though not instantaneous. The most reasonable explanation of heredity, in all of its forms, is the exercise of the ability to transmit to the progeny a good healthful system of nutrition. This is the key to heredity. A well-organized heart and lungs unsupported by a good nervous system will degenerate. Continued support is necessary for the proper functions of any part, however good it may be. To determine which parent is responsible for a deficient organ is often, not only difficult, but impossible. A man with consumption has a wife pregnant three months before his death. The child in face resembles the father; in stature, lungs, and heart, the mother. It will enjoy immunity from consumption. This shows that there may be healthy spermatozoa in an unhealthy male, or if unhealthy the embryo can become stronger in its surroundings. Nutrition in the male may furnish a perfect, imperfect, or no germ at all. The female may but feebly nourish a good germ or not at all. The male may furnish a feeble and uncontaminated or a strong and contaminated germ. Technically, hereditary conditions may be defined as those developed during the development of the spermatozoön and ovum.

DISCUSSION.

Dr. Reynolds wished to dissent from the views of the writer. What we need on this subject is fact. He does not believe that any kind of disease is transmitted by heredity which does not show itself in early life. As to the question of transmitting syphilis, Cornil and Ranvier have shown that the virus acts on the germinal matter of the leucocytes. It cannot be found in any glandular secretion. It must be admitted that the subject of heredity is sadly lacking in facts.

Dr. Woolen said that the paper had the same view of pernicious thoughts which is found in all medical literature. If disease is hereditary, it is an entity. What is disease? It is dis--ease.

Dr. Houghton thought that the writer struck the key when he said that heredity is dependent upon nutrition.

Dr. Field said that he had known whole families to die of consumption. Marriage into a consumptive family is a very dangerous thing. The human race can be improved by judicious intermarriages. Every young man about to marry should select good stock from which to breed.

Dr. Hay wished to give one fact in regard to the extermination of families by tuberculosis. The frequency of occurrence of tuberculosis in the children of healthy parents brought into prominence the fact that nutrition had considerable to do with it.

Dr. Chenoweth, of Decatur, Ill., presented the uterus of a woman who died of peritonitis and supposed to have been the subject of an abortion. The doctor was the only medical witness who did not believe that there had been a pregnancy. There was an opening through the posterior wall of the uterus and a black spot existed there. The right ovary was blackened and filled with blood-clots, somewhat resembling a corpus luteum. Upon motion a committee was appointed to examine the specimen and report at the afternoon session, after which an adjournment was had.

AFTERNOON SESSION.

The committee appointed to report on the suggestions made in the President's address made the following report:

We, your committee appointed to consider and report upon the President's Address, recommend that, as the society has grown beyond the expectation of its founders, and now reaches practically far beyond the three original States, that its name be changed to the Medical Society of the Mississippi Valley, thus taking in the territory from Canada to the Gulf of Mexico, and from the Allegheny to the Rocky Mountains. And we further recommend that all the local societies in this territory be considered as affiliated bodies, and be requested to

send as many working members as possible to our meetings as members. And we further recommend that with the increased membership thus received that the fee for membership be reduced to two dollars. And we further recommend that the officers be elected by ballot after open nominations, and that the election shall be on the afternoon of the second day.

G. V. WOOLEN,
J. M. MATHEWS,
WM. A. BYRD.

The recommendation to change the name was adopted; the other two were rejected. It was decided that the election of officers should be by a committee consisting of a member from each state, selected by the delegates of that state, to take effect at this meeting.

SELECTIONS.

SCARLET FEVER IN ITS RELATION TO THE PUERPERAL STATE.

BY J. T. BURGESS, L.R.C.P., L.R.C.S., EDIN.

[The Lancet.]

The two following cases are interesting, and, I trust, worthy of record as illustrating a connection between the scarlet and puerperal fevers. They at the same time throw some light upon the questions relating to the period of incubation and to the vitality of the contagious principle of the former disease. Lastly, they painfully demonstrate the fearful responsibility that devolves upon the medical practitioner toward his lying-in patients during the time he is in attendance upon scarlatinal cases.

On November 20th, 1882, Mrs. A——, aged twenty-two, residing temporarily in an isolated cottage in a sparsely populated district, was delivered of a first child. The labor was tedious, and eventually was terminated with forceps, the child being stillborn. The mother, however, progressed satisfactorily until Saturday, Nov. 25th, when she became somewhat feverish, and complained of sickness and diarrhœa. The next day (26th) the throat was sore, temperature 102°, and a slight rash was noticed on the upper parts of the body. This, during the next few days, became of a bright uniform scarlet, ran the usual course of a scarlatinal eruption, and was followed by free desquamation. Thus far no other complication had arisen, but on Wednesday (29th) a change for the worse occurred, the temperature, which had become almost normal, rose to 103°, the body became tympanitic, lochia slightly offensive, and intellect clouded. A hospital nurse was at once sent for, and the next day a consultation was held with a neighboring practitioner. Symptoms of exhaustion, however, such as muttering delirium, picking at bedclothes, dry brown tongue, etc., set in, and the tympanites increased. Patient sank on Sunday morning, Dec. 3d, thirteen days after delivery, the temperature, as taken by the nurse shortly before death, having reached 106°. The origin of the poison in this case was at first difficult to discover. There had been no recent case of scarlet fever in the neighborhood and I failed to trace any exposure to infection on the part of patient, nurse, or medical attendant. The following is the only solution of the problem which, after most careful inquiry, presents itself. The patient, upon marriage, was compelled to make temporary use of a cottage which had been empty for some time, and was condemned to be pulled down. The occupants of this cottage, who left it twelve months previously, had all suffered from scarlet fever, and the house had never been disinfected. The bedroom in which my patient was confined had to undergo a certain amount of preparation immediately before the event came off, and amongst other things, in order that the fireplace might be available, a quantity of old sacking was removed from the chimney. To this disturbance I am inclined to attribute the setting free of scarlatinal poison.

Whilst in attendance upon the above, I was called upon, Dec. 1st, to attend M. G——. This patient resided seven miles distant from the previous case. There had been no scarlet fever in her village, nor, as far as could be ascertained, could she have had communication with anyone suffering from that disease. M. G—— was twenty-two years old, unmarried, and was prematurely delivered in the early morning of Dec. 2nd of a small weakly child, which died during the day. About 11 A.M. the patient had a slight convulsive seizure, to which no importance was attached, as the girl had frequently shown symptoms of hystero-epilepsy during the two previous years. On Monday, Dec. 4th, however, a severe rigor took place in the afternoon, followed by feverish state at night. A dose of castor oil was administered, after which a troublesome diarrhœa persisted for about a week. On the 5th the throat became sore, and the feverish state continued. On the 6th I was called up at midnight, and found the patient delirious and more feverish, the throat much inflamed, but no appearance of rash. On Saturday evening (8th) the patient was decidedly worse. Irregular patches of dull red eruption were visible on various parts of the body, delirium had increased, the abdomen was greatly distended, and exhaustive symptoms were becoming prominent. During the next week there was very little change, except that desquamation manifested itself and went on freely. The urine, though at first scanty, was passed in fair quantity, but was slightly albuminous. The diarrhœa ceased, and it became necessary to administer aperients. All this time the body remained much

distended and painful in the hypogastric region. On the 16th the patient complained of pain in left side of thorax, which was easier on the 17th, but worse on the 18th, when the respiration was 38, pulse 158, and temperature 103°. There was some dulness at the left base and a slight rubbing sound above, probably pleuritic. The next two days saw symptoms somewhat better, but on the 21st there was a decided change for the worse. Pneumonia and the greatly distended abdomen were together telling upon the respiratory function, respiration being 48, pulse 174, and temperature 104.6°. The skin was pale, lips livid, and face anxious-looking, though the delirium had passed away. After again rallying on the 22nd, the patient sank from exhaustion on the 25th. On the 17th, a younger sister in the same household, who had been in close attendance upon the patient, became feverish. On the 18th rash appeared, accompanied with slight sore-throat, and during the next few days she passed through a mild attack of scarlatina.

That the foundation disease in both these puerperal cases was scarlet fever can scarcely admit of doubt. The clinical history of the first case was well nigh typical, and any shade of hesitation about the second was dispersed by the appearance of the disease in the younger sister. Had this second case stood alone, the real nature of the foundation disease might possibly have been overlooked, owing to the irregularity of the eruption both as regards time and appearance, notwithstanding the presence of sore-throat and subsequent desquamation. The more important complications appeared to take the form of serious inflammations, and to be exaggerations of the after-consequences, rather than of the primary symptoms of the disease. If we accept the theory that the first case received its contagion from the cottage itself and on the day of confinement (Nov. 20th), we find a period of five days to have elapsed before the first manifestations of symptoms. In the second case, supposing the medical attendant to have conveyed the infection at the time of parturition, the period of incubation was only three days. In the young girl's case it is difficult to state any definite period of incubation, since it is impossible to fix the exact date upon which she received infection. In the absence of other explanation the first case tends to prove that the vitality of the scarlatinal germ may, under favorable circumstances, continue for at least twelve months, a period much beyond its usually allotted span. It is needless to add that, as soon as the suspicion of the nature of the second case dawned upon me, I at once gave up attending puerperal cases and continued to do so till a month after the death of the patient. During that time I thoroughly fumigated all clothing, instruments, etc., and submitted myself frequently to disinfectant baths. I am thankful to say that, on renewal of midwifery practice, no further calamity has occurred.

Three Successful Cases of Nephrectomy are reported by J. Knowsly Thornton, in the Lancet, May 26 (Med. Times), in a child of seven years, a married woman of twenty-six, and a widow of fifty-eight years, respectively. The first was one of hydronephrosis, the second a scofulous pyonephrosis, and the third a nephritic abscess due to pyelitis following impaction of a calculus in the ureter. The second case had probably a similar origin. In the operation Listerian precautions were carefully observed, and the operator especially lays stress upon the advantages of the lateral incision over the ordinary one in the lumbar region. He also especially recommends securing the stump of the ureter in the abdominal wound, so that it may not drain into the peritoneal cavity. The operation of Langenbück has so many advantages that he would not return to the loin-operation with its difficulties and uncertainties. He is inclined to recommend an exploratory incision by the lateral abdominal section, with careful Listerian precautions, in any case in which it is of importance to examine thoroughly the kidney and ureter. In one of the cases symptoms of carbolic intoxication appeared, which compelled a substitution of a borated dressing. All the patients made good recoveries.

Midland Medical Miscellany says: The Homœopathic World reports a case of ulcer of the cornea ("perforating" according to the reporter) cured by a single dose of silicea 50m (T. C.). We are not well versed in this phraseology, but we are given to understand that this was a small dose, being a "50,000th centesimal attenuation;" also farther on (in riddle form) we are asked: "If the 30th T. C. corresponds to the decillionth of a grain, minim, or drop—and it does—what does the 50,000th correspond to?" We don't know, but we believe in this cure; and, with the caution that "silicea corresponds to the right eye and sulphur to the left," we commend this treatment to such of our readers as have a sufficiently robust faith to swallow it.

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WE TAKE THE FOLLOWING from the Canada Lancet: Quite a number of our young men are studying for the medical profession. We do not wish to deter them from this laudable pursuit, for a physician's calling is one of the most honorable, ennobling, humanizing, and useful in the world. But all is not gold that glitters, and the following are some of the sweets of a doctor's life: If he does not write a prescription for every trifling ailment, he is careless; if he does, "he deluges one with medicine." If his horse is fat, it is because he has nothing to do; if he is lean, it is because it isn't taken care of. If he drives fast, it is to make people believe somebody is very sick; if he drives slowly, he has no interest in the welfare of his patients. If the patient recovers it is owing to the good nursing he received; if he dies, "the doctor did not understand his sickness." If he talks much, "we don't like a doctor to tell everything he knows," or, "he is altogether too familiar;" if he don't talk, "we like to see a doctor sociable." If he says anything about politics, "he had better let it alone;" if he don't say anything about it, "we like to see a man show his colors." If he does not come immediately when sent for, "he takes things too easy;" if he sends in his bill, "he is in a terrible hurry for his money." If he visits his patients every day, it is to run up a bill; if he don't, it is unjustifiable negligence. If he orders the same medicine, it does no good; if he changes the prescription, he is in league with the druggist. If he uses any of the popular remedies of the day, it is to cater to the whims and prejudices of the people, to fill his pockets; if he does not use them, it is from professional selfishness. If he is in the habit of having frequent consultations, it is because he knows nothing; if he objects to having them, on the ground that he understands his own business, "he is afraid of exposing his ignorance to his superior." If he gets pay for one-half his service he deserves to be canonized. Who wouldn't be an M.D.?

DR. V. SWIECICKI, OF ERLANGEN, in Centb. f. Gynäk. (Edinburgh Medical Journal) refers to the divergence of opinions on the question—How long should one abstain from midwifery after making a post-mortem examination, or after a case of puerperal fever?—as entertained by various authors, such as Winckel, who recommends exclusion for a fortnight, Zweifel, who recommends it for a week, Shröder, for two days, Martin, for twenty-four hours, and Küstner, Ahlfeld, Macdonald, and others, who insist upon thorough disinfection of hands, finger-nails, clothing, and body of the physician or nurse to be all that is necessary, time being a matter of subordinate importance provided the disinfection is complete. Volkmann's opinion is also referred to as belonging to the latter class. The author, as a contribution to our knowledge of this subject, records the case of a medical student at Erlangen who examined a midwifery case six days after having opened a thorax, and who had, according to his own account, every day washed with carbolic water in the strictest manner. Before allowing him to examine, the author asked and obtained Prof. Zweifel's permission for so doing. The patient, a iii-para, had an easy labor, but was subsequently seized with diffuse peritonitis associated with right-sided parametritis, and passed through a well-pronounced attack of puerperal fever, being only able to leave her bed at the expiry of four

weeks. The child also was infected, gradually lost weight, and died on the twelfth day. The sectio proved the septic nature of the affection. It has, however, to be noted that, besides the student, the author, a practitioner, and the chief midwife examined the patient. The author says that the practitioner had made no post-mortem examination recently, and that both he and the chief midwife on the same day examined another lying-in woman, as well as other puerperal patients whose convalescence was normal. Relying on this case, the author thinks that abstinence from midwifery practice after making a post-mortem examination, or after a case of puerperal fever, is advisable. He solicits the publication of similar cases in order to attain to definite principles on the subject.

In a Memoir Read before the Société de Chirurgie of Paris (Med. Record), Dr. Bazy sums up the indications for operation in vesical tumors, as follows: 1. In the case of a pediculated tumor, an operation is justifiable whatever the functional trouble may be. 2. When the tumor is sessile an operation should be deferred until functional troubles present themselves. 3. When the suffering is intense, and death is inevitable from the results of pain and hemorrhage, entire ablation of the organ should be practised, a hypogastric fistula being formed. The contra-indications are classed under four heads: 1. The generalization of the neoplasm. 2. Close adhesions to other organs—the most that could be done in such case would be the establishment of a permanent fistula. 3. Diffuse infiltration of the walls of the bladder by the new growth—in such a case a fistula, if established, would be speedily closed by the neoplasm. 4. Acute nephritis or advanced secondary degeneration of the kidneys. A commencing lesion of slight extent might be arrested by operation upon the bladder. The best mode of operating, the author thinks, is by hypogastric section. This gives a large opening into the bladder, is seldom followed by any immediate evil results, and is the most convenient location in which to establish a permanent fistula. Hemorrhage is at first a little abundant, but it quickly ceases. Extravasation of urine is not to be feared, but of course free drainage should always be provided for. Perineal section is much less suitable, except in a very small proportion of cases.

Dr. Lentz Reports in the Médicale de Strasburg for September 1, 1883, two cases of catarrhal sore throat followed by grave visceral lesions (Med. Record). In the first case there was albuminuria, and in the second paralysis of the lower extremities and retention of urine. From a study of the cases he concludes as follows: 1. Simple catarrhal sore-throat may be followed by grave phenomena, such as albuminuria or paralysis. 2. It seems to be in some cases the manifestation of miasmatic poisoning. 3. The paralysis is the result of a direct and specific action of the virus, upon which depends also the sore throat, and is not, as claimed by some, due to weakness following acute disease.

The Question is Asked by Dr. Löhlein (Am. Practitioner, Ret. of Obs.), is the physician responsible before himself or to the world for his actions equally, be he a practitioner or specialist, provided he is acquainted with the rules of antiseptics in the position, so to disinfect himself after touching a dead body or examining a suspicious lying-in case, that he can dispense with abstinence from midwifery practice without danger to his patients? Expressed still more definitely, as clothes may be changed or instruments rendered completely aseptic, are we in the position to disinfect our hands in a short time, within, say a quarter of an hour or a few hours? As a contribution to the answer to this inquiry, the author details his own experience of the past four years, during which he examined and treated in consultation numerous patients suffering from putrid abscesses, puerperal fever, etc., and attended meanwhile two hundred and ten midwifery cases in his own practice, without any casualty from puerperal sepsis, and with only very occasional high temper-

atures. This immunity he traces to the thoroughness with which he disinfected the hands, using soap, nail-brushes, and five per cent. carbolic lotion. The chief point, he maintains, is not what is used, but how the application is made. He followed the principle of performing thrice the act of disinfection—first, at the patient's house; second, at home, to which he hurried as soon as possible, in order that he might change his clothing and linen; and third, before making another vaginal examination. Dr. Fritsch gives his experience, stating that since 1872 he has never lost a puerperal patient, and has only had one serious lying-in case (parametritis), although he had conducted many severe deliveries, and had followed other practice almost uninterruptedly. In 1873 he treated a brother suffering from putrid pelvic abscess, and had to dress the wound daily. After every dressing he washed himself with a six per cent. carbolic solution. During this time he conducted two hundred and forty midwifery operations, and for the first time in the history of the poliklinink of Hallè there was an entire year without a single death. The author argues that this was no mere chance, but the result of the adoption of thorough and intelligent antiseptic precautions.

The Use of Carbolised Sawdust as an antiseptic surgical dressing is advocated by Mr. H. P. Symonds in the Lancet. He says: One of the drawbacks of the usual antiseptic dressing is the rapidity with which the discharges come through on the first day or two after operation, often necessitating the redressing of the case within a few hours. To prevent this, and yet not to interfere with the asceptic condition of the wound, is a distinct advantage both to the patient and the surgeon. The material I have used recently in a considerable number of cases is coarse sawdust, soaked in (one in ten) solution of absolute phenol and spirit of wine, then allowed to dry slightly so that the spirit may evaporate, leaving the sawdust charged with carbolic acid. When used it is enclosed in a bag made of several layers of gauze, and applied outside of the deep dressing, the usual external dressing being put over it. The sawdust thus takes the place of the padding of loose gauze which is generally used. Its absorbent power is very great, and it has the additional advantage of keeping up an equable pressure on the divided tissues. Fourteen ounces of sawdust will readily absorb about one pint of fluid. He reports five cases, taken without any selection, in all of which complete primary union took place without any formation of pus. The three points in its favor are its powerful antiseptic qualities when saturated with carbolic acid, its great absorbent power, and its adaptibility to any surface. The sawdust should be coarse, as it passes through the gause when very fine and irritates the skin.

In an Article on iodoform in surgery, as published in the St. Louis Courier of Medicine for August, Dr. H. Tuholske concludes as follows: With the recent change of opinion on the subject of tuberculosis, the treatment of caries of bones and of fungous inflammation of joints assumes a new aspect. The experiments and observations of Volkmann and Koening lead us back to the teaching of Rokitansky, that caries and fungous inflammations of joints mean tubercular disease. It is foreign to this paper to enter into a discussion of this subject, but whether considering tuberculosis a specific disease, depending, according to Koch, upon the tubercle bacillus, or, according to Formad, as a neoplasm of inflammatory formation of the scrofulous, our treatment must henceforth be directed to the destruction of the affected part and the infective material contained therein. Resections, for a time in universal favor, are commencing to give way to amputations or to evidement, ignipuncture and iodoform. But iodoform comes only second in power as a destroyer of tubercular processes; it follows efficiently upon the heels of the sharp spoon and the thermo-cautery. I have used the fistula crayon repeatedly, but this treatment, if not preceded by removal of the fungous masses, is uncertain and unsatisfactory in its results. Iodoform undoubtedly

has anti-tubercular properties; whether sufficient to combat single handed a carious joint, I doubt much. In conclusion, I would say that iodoform loses its usefulness to the wound as soon as the granulations have grown even with the surface; it does not hasten cicatrization; it stimulates the luxuriant granulations beyond the desired end. Never have I seen any poisonous effect in the hundreds of cases in which I have used it.

In a Paper Read at the Société de Chirurgie of Paris (Am. Practitioner, Aug., 1883), M. Magitot lately called attention to the notching and erosions of the teeth in inherited syphilis, and on the relations of this disease to rickets. He thinks that the notch is not characteristic, and states that it is never found in some races frequently affected by syphilis, such as the Japanese and Peruvians. According to Magitot, not only inherited syphilis, but also all other serious troubles of nutrition, may cause diminution in the number and the size of the teeth, or delay in the period of their eruption, but never erosion. Most frequently the latter is caused by certain nervous affections of early childhood, such as infantile convulsions, especially when accompanied by general debility.

How Often is the physician called upon to suggest to the young mother or wife certain points relative to nursing, and whilst it does seem as though the ideal nurse is born and not made, yet as all have occasionally to act as nurses, and the major part of nature can be somewhat improved, we clip with pleasure the following remarks of Dr. S. D. Gross in the Medical News: The chief qualities of a nurse are perfeet health, refinement, neatness of person, correct habits, kindness of heart, patience, power of endurance, a good temper, a discreet tongue, good judgment, and alertness of mind. Such a combination of qualities is rare, but where it is present, and has been improved by a rigid course of training, it fulfills the very highest requirements of the sick room. Endowed with such an array of gifts, a nurse is capable of doing an amount of good in combating disease in a degree hardly inferior to that of the medical attendant himself. She diffuses light and courage and sympathy in all her acts and movements, and thus robs disease of half its fears and pangs. An indifferent, poor, or untrained nurse, on the other hand, is too often a source of positive mischief; her want of knowledge is incessantly at fault; she worries and frets not only the patient, but every one around her; everything is out of joint; and instead of being a blessing, she is too frequently only a nuisance. She should move about the chamber, not on tiptoe, but as noiselessly as possible; wear a cheerful countenance, even in impending danger; express herself gently in a few, well-chosen words, and perform every needful duty, however menial or distasteful, with promptness and alacrity. She must not lose her temper or show feeling, even if the patient be unreasonable, fault-finding, or over-exacting, always bearing in mind that these are the common effects of disease, and that she must make the best of them. She must not indulge in gossip or tattle, but know and feel that the secrets of the sick room are sacred. The sick man's chamber has rarely about or in it anything of the æsthetic; on the contrary, it is generally disgracefully unæsthetic; in a state of confusion worse confounded; one thing here and another there, where they have no business to be, if they be not indeed a source of positive annoyance. Nothing can be more disgusting than to see half-a-dozen vials and pill-boxes piled on the table or bureau, directly under the patient's eye; a plate, cup, knife or spoon here or there; a soiled napkin on the bed or on the washstand; a slipper out on the floor, or a chair, stand, or some other piece of furniture out of place. Such disorder cannot fail to make a disagreeable impression upon the patient, and is a disgrace alike to the nurse and the medical attendant. Each should aim to produce the most agreeable impression upon the poor sufferer. It is bad enough to be sick, but to be shut up, perhaps in a small, ill-ventilated room, filled with unpleasant odors and distasteful surroundings, is unbearable, and little short of a crime.

Surgeon-General Chas. R. Francis, of the British Army, reports in the Medical Press and Circular a very singular case which occurred in the practice of Dr. Webber, of Dinagepore, India (Med. Age): A well-formed native female, æt. 20, was taken in labor with her first child, and attended by a native midwife. The labor had continued for several hours, when the civil surgeon was called, his services being desired, owing to the cessation of all pains after the delivery of the head. The child was dead, but he corrected the position with facility, bringing the shoulders down and hooked down the arms with his fingers. In this position traction was practiced for two hours without any advance. At this time the head became detached. The woman was then placed under chloroform and podalic version performed, but still without effecting delivery. It was decided to open up the child's abdomen, the distension of which was the obstacle to delivery. A guarded scalpel was introduced, and after the opening was made, an enormous and hard tumor was detected, which required to be broken up before it could be removed. The delivery was then easily accomplished, and it was then discovered that the tumor was an enormously enlarged spleen. The placenta came away in eight hours without flooding, and the woman made a complete, though slow, recovery.

Measurements of the Depth of Sleep.—Two of Vierordt's pupils, Mönninghoff and Piesbergen, have made the depth of sleep the subject of an investigation. (Science). They worked upon the principle that the depth of sleep is proportional to the strength of the sensory stimulus necessary to awaken the sleeper, that is, to call forth some decisive sign of awakened consciousness. As a sensory stimulus they made use of the auditory sensation produced by dropping a lead ball from a given height. The strength of the stimulus was reckoned, in accordance with some recent investigations of Vierordt, as increasing, not directly as the height, but as the 0.59 power of the height. For a perfectly healthy man, the curve which they give shows that for the first hour the slumber is very light; after one hour and fifteen minutes the depth of sleep increases rapidly, and reaches its maximum point at one hour and forty-five minutes; the curve then falls quickly to about two hours and fifteen minutes, and afterwards more gradually. At about four hours and thirty minutes, there is a second small rise which reaches its maximum at five hours and thirty minutes, after which the curve again gradually approaches the base line until the time of awakening. Experiments made upon persons not perfectly healthy, or after having made some exertion, gave curves of a different form.

A Large Hole in the Right Parietal bone afforded to Dr. Sciamanna, of Rome (Med. and Surg. Reporter), the opportunity of applying the galvanic current to the dura mater. Two zones were distinguished: one not giving any response to stimulation; the other, when stimulated, giving rise to motor phenomena. After death, it was found that the convolutions experimented upon were the ascending parietal, the ascending frontal, and the superior temporo-sphenoidal. The results correspond pretty closely with those obtained by Ferrier in monkeys.

Dr. Langenbeck (Berlin) has made the operation of extirpation of the gall-bladder three times, on account of trouble set up by calculi. (Annals of Anatomy and Surgery). He showed his third case to the Congress—a female patient, thirty-four years of age. She had suffered to such an extent that she had been compelled to give up work. Recovery was prompt, and the woman is now about her work as usual. He recommended the operation in such cases, not because the gall-bladder contained a mass of concretions, but because it gave rise to them—that is, originated the trouble.

The Following is Dr. Fothergill's formula for asthma (Med. Sum.): ℞. Tinct. lobeliæ, ℥v; ammonii iodidi, ʒij; ammonii bromidi, ʒiij; syr. totultani, ℥iij. M. Teaspoonful every one, two, three, or four hours. This gives relief in a few minutes, and sometimes the relief is permanent.

Dr. Armangue reports a case (Denver Med. Times) of a woman of sixty who was seized with vertigo, and a few days later lost the memory of words for some days. After the expulsion of a tapeworm there was no return of her nervous troubles. He quotes a case of aphasia in a child cured by the expulsion of numerous tricocephali, published by Daniel Gibson, and a case of aphasia coinciding with tenia, published by Seidel; also a case of reflex hemiplegia and hemianesthesia, with convulsive seizures, in a little girl of twelve, cured by expelling a tenia.

Summer Diarrhœa is so fatal among children that any definite information on the subject, whether of a negative character or otherwise, is always in order. The British Medical Journal in discussing a paper on the above subject by Dr. Ballard, makes the following remarks: 1. Neglect of Infants in Large Manufacturing Towns.—This cause is not the efficient one. In Leicester, Nottingham, Oldham, Preston, Rochdale, and Halifax, women are largely employed in factories, and the neglect of children is pretty much the same; yet the death rate in Oldham, Rochdale, and Halifax is very low, while that of Leicester, Preston, and Nottingham is exceptionally high. 2. The Use of Dirty Feeding-Bottles.—This cause may also be looked upon as not exclusive. At Leicester, exceptional care seems to have been taken of the feeding-bottles. Again, such feeding-bottles are used all the year round, so that, if this were the cause, the disease should prevail at all times, in all places, and at all seasons. 3. Temperature of the Air and Drought.—This cause is negatived by facts. Mr. Turner, of Portsmouth, stated that he could predicate, by certain formulæ, what the amount of mortality would be in any particular week from the temperature of that week, and that summer diarrhœa was associated with a high temperature. His evidence is counterbalanced by the general experience of other epidemics. The acme of diarrhœa is not always at the acme of temperature; the acme of diarrhœa is reached before the highest rise of temperature. Temperature is not, then, an essential condition. 4. Sewer-Exhalation.—Facts are opposed to this cause. Summer diarrhœa prevails in towns without sewers. For instance, it prevailed extensively at Winchester in 1876, a town then without sewers. It is well known to exist in country villages where sewers are unknown. 5. Filth, and Especially Excremental Filth.—Facts are again opposed to this cause. In Nottingham, there is less excremental filth-nuisance than in any town in England, yet summer diarrhœa has been very prevalent. There is scarcely any town in England less careful about surface-pollution than Helston, in Cornwall, yet in Helston summer diarrhœa is not prevalent. Plymouth is filthy, yet summer diarrhœa does not occur in the same degree there as in other towns. In Leicester, Dr. Ballard stated that it occurred in families whose sanitary surroundings were good. 6. Foods.—a. Artificial Food.—In Leicester, of 341 fatal cases, only two per cent. were suckled from the breast alone. The majority of them had some kind of artificial food. b. Cow's Milk.—In Leicester, sixty per cent. used cow's milk. As Cardiff has a very low prevalence of diarrhœa Dr. Ballard asked the health officer how it was that diarrhœa was so slight, and especially amongst the Irish people. The reply was, that the Irish of Cardiff got very little cow's milk.

In Discussing the Classification of the various forms of purpura, Dr. Stephen MacKenzie prefers the following arrangement (Brit. Med. Jour.): 1, vascular purpura; 2, toxic purpura; 3, mechanical purpura; 4, neurotic purpura. Under the head of vascular purpura, I would place all cases in which there is some known or supposed primary blood-disorder, so that this group would include the specific blood diseases; diseases in which the blood-disorder seems primary or most important, as profound anæmia, leucocythæmia; conditions in which some constituent or constituents of the blood are wanting, as scurvy; and conditions in which some constituent is present in excess, or super-added, as bile,

urinary constituents, etc. In the category of toxic purpura (drug-purpura), I would place all cases in which the purpura arises from adventitious matters entering the system, such as phosphorus, mercury, mineral acids, salicylic acid, quinine, iodides, venom. We do not know the exact mechanism by which the purpura is brought about in this group; but it is clearly advantageous, clinically, to keep them apart, though logically they may be said to belong to the hæmic group. Under the third variety, purpura from mechanical causes, we should place the cases of purpura arising in connection with heart-disease, a feeble circulation, from varicose veins or paroxysms of coughing, as in whooping-cough, from thrombosis of venous trunks, and, probably, senile purpura. Into the last category, purpura of nervous origin, would fall the cases in which the nervous system is primarily at fault, and thus it would include cases of tabetic purpura, in connection with neuralgia and with disease of the nervous centres, purpura urticans, and neurotic eruptions (as herpes) becoming hæmorrhagic. This arrangement is, I am aware, by no means faultless, for it might be difficult to say in which category we should place certain cases; but some arrangement is useful in investigation, in the same way as we speak of dropsy being renal, cardiac, local, or due to hypalbuminosis; and, with increased knowledge, no doubt, a better classification could be devised.

A Remarkable Case of Obstetrics—abortion at two months, and quadruplets at full term, is reported by Drs. Edwards and M'Taggart, of London, Ont., in the Canadian Practitioner. On the 21st of July, 1883, we were called to see Mrs. S. of this city, patient of small stature, English by birth, age 38, average weight 100 pounds, height 5 feet 1 inch. She is the mother of four living children, two boys and two girls, aged twelve, ten, eight, and seven years. There was nothing unusual at any of her previous confinements. Never had a miscarriage before. On abdominal examination we found the abdomen extremely enlarged and pendulous. We advised support from the shoulders. She told us that she was but five months enciente, but from her history and condition we assured her that she was seven months pregnant. Patient always enjoyed good health; her menses regular; she last menstruated December 4th, 1882. About seven weeks from this time she commenced to flow, which lasted for some three weeks, accompanied by pain. With a pain resembling that of labor, something was expelled, which she described as a "lump of flesh with blood-vessels in it." To this "lump" was attached a short "string." At this she became alarmed, and consulted a medical man, who assured her that she had had a miscarriage. He prescribed some medicine, which he said would check the flow, and also cause the expulsion of anything that might remain. From her account, the flow increased for a few days, then finally stopped. From this time until Friday, September 14th, 1883, she had been, comparatively speaking, quite well, although distressed by the immense size and weight of the abdomen. On the evening of the above-mentioned date (Friday, September 14th), she was delivered of four living children, two boys and two girls; the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the females by a few ounces. The weight of the male babies being four pounds nine and a quarter ounces, and four pounds three ounces, and that of the females, four pounds six ounces, and three pounds thirteen and three-quarter ounces. Labor terminated favorably, there being no hemorrhage to speak of. There was but one placenta, the cords being attached at different parts of it. The quartette are now six days old, all healthy, and able to nurse, and all bid fair to live. The mother is doing exceedingly well, having suffered no more exhaustion than if she had had but one child. We might here say that the father, Mr. C. S., English by birth, age forty-one, height five feet five inches, and average weight 169 pounds, is a strong, healthy and robust man.

Entrance of Air into Veins During Surgical Operations was the subject of an interesting paper by Mr. Fred. Treves, in the Brit. Med. Jour. (Canadian Practitioner). He gives a short account of this untoward accident and details a plan of treatment adopted by him and successfully carried out in two cases. The accident is greatly to be dreaded. It occurs most frequently if not altogether in the veins of the neck and axilla, and is caused by the aspiratory movements of the thorax, acting upon a vein partially divided. For the accident to occur it is necessary for the mouth of the vein to be held open either by being partially divided or from inflammatory adhesions, or from being included in the substance of a tumor, or from peculiar relations to normal structures as in the axillary vein to the costo-coracoid membrane, or in the relations of the jugular veins to the cervical fascia. The entrance of air is accompanied by a hissing noise and sudden terror, severe dyspnœa, failure and irregularity of the pulse and collapse. About two-thirds of the cases die in a few hours or days. Some cases, however, recover. The fatal result appears to be due to the rapidity of the entrance of the air rather than to its amount. Death is caused by the arrest of the pulmonary circulation, the mixture of blood and air preventing the functioning of the tricuspid and pulmonary valves. Mr. Treves founds his treatment upon the observation of the fact that the accident occurs in what may be termed dry wounds. He has an attendant ready with a sponge full of water, which is squeezed into the wound immediately upon hearing the hissing noise. Then during the next expiratory effort forcible pressure is brought to bear upon the thorax, expressing the air as much as possible. When all the air has been forced out, the wounded vein is to be seized and either entirely divided or ligatured, always during the movements of expiration. He gives two cases in which he thus treated successfully this serious complication. The first was a child in whom tracheotomy was performed; immediately after the wound was sponged out, a hissing noise was heard and the child became collapsed and to all appearance dead. The wound was at once filled with water, and forcible pressure made upon the thorax during the expiratory movements. The vein and structures were then seized with forceps and divided completely. The child recovered. The second case was in a man, aged fifty. The common carotid was about to be ligatured. The neck was short, thick and fat. Before the ligature was applied a hissing noise was heard, the wound was at once filled with water; the thorax during the next expiratory movement was forcibly compressed. The vein was then seized and clamped. No further trouble ensued. The patient in each case was anæsthetised.

Sir William MacCormac in his visit to Chicago was given a reception by the Chicago Medical Society. In his remarks he expatiated on an important item in connection with plastic surgery: namely, the detachment of the flap of skin about to be transplanted on the sides and underneath, and allowing it to remain in this condition, that is, attached at both ends until the collateral circulation is well established, and the shrinking has been effected. Then he detaches one of the ends and transplants. In this way he claims there is no further danger of shrinking, and the circulation is established with much greater certainty. For instance, in operations for extroversion of the bladder the process referred to is very much more satisfactory. Sir William also referred to the decided advantage which antiseptic surgery afforded during the Egyptian Campaign. Although it was not of long duration, he considered it worthy of remark that they had not a single case of either erysipelas or gangrene.

After two Years' Trial, says the Lancet, the couvreuse has proved so decided a success that a brief description of this ingenious contrivance may be desirable (N. Y. Med. Jour.). It was in 1878 that Dr. Tarnier, when visiting the apparatus devised by M. Odile Martin for artificially hatching and rearing chickens at the Jardin d' Acclimation,

suggested that a similar method might be applied with advantage to infants, especially in cases of premature birth. Two years elapsed, however, before any attempt was made to carry out this proposal; but in the course of the year 1880, a couvreuse was made and brought to the hospital of the Materniteé. This is a plain wooden case or box, measuring about 2 ft. 8 in. by 2 ft. 4 in. and 2 ft. 4 in. in height. The box has a double covering, the space between being filled with sawdust to retain the heat, and is divided into two parts. The lower half contains a reservoir, which holds about sixty litres of water, and is fed by a patent boiler that stands outside the box, and is warmed by an oil-lamp, or hot water may be used without recourse to the lamp. The upper portion of the box forms a warm chamber, where a little basket or cradle is placed, large enough to hold two infants. From an opening at the side, this cradle may be withdrawn, while the top of the box has a double glass covering, so that the children and the thermometer lying by their side can be constantly watched. If the water used in the first instance is cold, it takes a long time to attain the required temperature; but once this is done, the lamp need only be re-lit three or four times during the course of the day. It is best to warm the apparatus while the infants are being fed or washed. The temperature within the couvreuse is generally maintained at 86° F., and though the contrast on withdrawing the child to be fed or washed is very great, amounting often to 30° F., colds are not so frequent as among the infants nursed in the ordinary manner. Altogether the experiment is considered so successful that it is proposed to supply all the hospitals of France with a couvreuse, and there is every reason to anticipate good results from this measure. Nor is this all. A small portable couvreuse is now about to be tried, which could be carried by hand from house to house. After this we shall probably have perambulators constructed on the same model. In conlusion we should remark that, though no very careful experiments have been made with respect to the ventilation within the couvreuse, yet this is evidently sufficient. Apertures are made in the lower portion of the box, the fresh air travels over the hot-water reservoir, and is thus warmed before it reaches the child. The very great difference of temperature within the couvreuse insures a constant current of air, though the child is protected by its cradle and clothes from any draught.

In an Article in the Independent Practitioner by Dr. George C. Brown, we find the following: An analysis of wheat and white flour gives the following result from 1000 parts of substance: Wheat has an ash of 17.7 parts. Wheat flour has an ash of 4.1 parts—an improvement of about three-fourths. Wheat has 8.2 parts phosphoric acid. White flonr has 2.1 parts phosphoric acid—an impoverishment of about three-fourths. Wheat has 0.6 parts lime and 0.6 soda. White flour has 0.1 parts lime and 0.1 parts soda—an impoverishment of 5–6 in lime and soda each. Wheat has 1.5 parts sulphur—White flour has no sulphur. Wheat has 0.5 parts sulphuric acid—white flour has no sulphuric acid. Majendie in his experiments on this subject found that dogs fed on white flour died in about forty days, of starvation, while dogs fed on flour made from the entire wheat throve and grew strong. It certainly is to be desired that the public could be induced to demand a good sample of whole wheat flour. As the doctor remarks, the average Graham flour in the market is only a very poor substitute; we remember some time ago making the acquaintance of a kind known as attrition flour, which made an excellent bread. The silicates alone were said to be rubbed off by centrifugal friction. We have not lately heard of this flour. It has probably fallen into oblivion for want of appreciation.

Dr. J. O. Roe, in a paper printed in the Jour. Amer. Med. Association on Nasal Disease as a Cause of Asthma, says: There are two modes in which nasal disease provokes attacks of asthma. 1. The most frequent form results from narrowing or occlusion of the

nasal passages by hypertrophied tissue or nasal polypi. 2. That induced by disease of the pituitary mucous membrane unassociated with hypertrophy or polypi. The first is both mechanical and nerve-reflex in its character, while the second is purely reflex. It is a noticeable fact, that nasal polypi and hypertrophied tissue, when inducing asthma, are almost invariably located on the posterior end of the turbinated bone. This sensitive area of the turbinated tissue at the posterior end of the turbinated bone, Dr. J. N. Mackenzie, of Baltimore, likened to the sensitive cough centers found in the pharynx and larynx. The more frequent occurrence of asthmatic attacks at night, especially in those persons having hypertrophic catarrh, is by this fact very clearly explained. At the posterior end of the turbinated bone, the cavernous erectile tissue is much thicker and more dilatable than at the anterior, consequently, when in the recumbent position, the gravitation of the fluids distends this portion of the tissue, which, together with the accumulation of the secretions, occlude the passage, produce pressure at this sensitive point, and reflex irritation in the lungs results. This irritation is reflected to the lungs through the cervical sympathetic connecting the pneumogastric nerves with the trigeminus, which has extensive distributions in the nose. The mechanical effect of occlusion of the nares cannot be better illustrated than by the marked dyspnœa, which is occasioned in young children if by any cause the nostrils become obstructed.

A Case of Post-Mortem of more than usual interest is reported in the Gazette des Hôp. The subject was eighty-four years old; became pregnant at the age of twenty-eight; enjoyed good health the whole of her life. The post-mortem revealed a tumor in the right Fallopian tube. The tumor, which had exceedingly hard walls, was removed and the walls cut through with a saw, and the fœtus during this long captivity had undergone no change. The report says: The child was in the ordinary position, the limbs flexed upon the trunk and the head upon the thorax. The pupillary membranes completely developed, attested that it was six or seven months of age. The skin, the superficial organs, the viscera situated in the great cavities, all the muscles and soft parts had retained their consistence, their suppleness and their normal color. The fœtus appeared as if it had just gone to sleep. M. Sappey considers that the fœtus owes its preservation in the cyst to its being protected from the ingress of atmospheric germs.

Another Prize.—The Societá Italiana di Chirurgia, founded by the Senator Palasciano, offers a gold medal (value $100) for the best memoir on "Neutrality of the Wounded in War, and on the Extension of Those Means of Aiding Them Adopted During the Last Twenty-five years, Embodying Rules and Suggestions for Turning the Same to the Best Account in Future." (Med. and Surg. Reporter). Competitors are recommended to give an authentic history of the Geneva Convention (1864), and of its revision in 1868, showing the respective contributions of medical science, of philanthropists, and of governments, to this movement of modern civilization. 2. To enumerate the difficulties foreseen and encountered in the application of the new international compact, as well during the Franco-German as during the Russo-Turkish wars. 3. To estimate the quality and the effects of the increase in aids to the wounded during all the wars waged in Europe, Africa, and America, from 1859 to 1883, with a valuation of international assistance. 4. To propose amendments and measures indispensable to the adequate execution of the aims of the Convention. 5. To indicate the mode of securing the necessary augmentation of relief to the wounded, by utilizing to the best advantage the charity of communities. The competitor may write in Latin, French, or Italian, and his memoir must be distinguished by a motto, and accompanied by a sealed envelope containing his name and address. Competing memoirs must be sent in not later than January 31, 1884, to the Secretary-General of the Societá Italiana di Chirurgia, Rome, who may be applied to for further information.

CONTRIBUTIONS.

*LAWSON TAIT'S MODIFICATION OF BATTEY'S OPERATION.**

BY WILLIAM A BYRD, M.D., QUINCY, ILLINOIS.

By the term, "Tait's Modification of Battey's Operation," I mean the removal of the Fallopian tubes along with the ovaries, for any diseased condition of menstrual, nervous or uterine functions that may exist as an idiopathic condition, or from a diseased condition of these organs, or that exists or persists from the performance of their functions. Mr. Tait, in his admirable book, claims priority for Hegar for extirpating the ovaries for other than enlarged cystic degeneration, an operation that is by common consent denominated ovariotomy, and for himself the next place, leaving Dr. Battey third; but, as Dr. Battey first published, and through his endeavors gave such an impetus to the operation and its modifications as to give it a leading place amongst the justifiable capital operations, I will still designate it as Battey's operation. This can the more be excused on account of the spirit of hostility towards all American claim that mars the writings of this, otherwise, great man. This may more especially be seen when he refers to McDowell's claims to be the first ovariotomist. But this country has so far advanced in the practice of surgery that we can freely forgive such errors and faults in our transatlantic brethren, and even in the snobs with Eastern strabismus that so greatly abound in our own country.

December 29th, 1882, I was called by my old friend and former partner, Dr. S. W. Durant, of Payson, Illinois, to see Mrs. Jane O. She had been suffering with great pain in the iliac regions over the ovaries for two years; large doses of morphine were required to give her ease, and, at times, that failing, the doctor would apply an interrupted current of electricity with great benefit. Getting continually worse, until for the last six months she was confined to her bed, she demanded relief at all hazards. I found her to be a lady of masculine form, large in size, fifty-four yeas old, and would have had a heavy beard covering the face had she not been closely shaved. Menstruation had been regular, but scanty and painful, and had ceased eight years previously; had been married several years, but was now a widow; never had any children; there had at times been leucorrhea, but never profuse. She had been under the observation of a good many competent physicians, some of whom declared after a careful examination that there was no uterus, and others that there was one, but that it was rudimentary in form and size. When I went to examine her Drs. S. W. Durant, L. H. Baker and E. C. King were present, and she was placed under the influence of ether. The external genitals were normal; the vagina was very deep and narrow, the narrowing seemed to be produced by a band of firm fibrous tissue on the left side, about three inches above the vulva. Nothing like an os could be detected at the bottom of the vagina. Wishing to get a better view of the deeper parts, I determined to cut away the fibrous obstruction. When I cut the band, behold I had opened a sac that proved to be another vagina, into the bottom of which the uterus opened. There was no communication between the two vaginæ except a small slit about three-quarters of an inch long up by the neck of the uterus; this slit was closed by a fold of mucous membrane when the speculum was introduced, thus misleading the gentlemen who examined her, making them think there was no uterus. This opening, up by the neck of the womb, was the only natural opening we could detect in this second vagina. I removed the entire septum between the two vaginæ, and found the uterus occupying a normal position and three and a quarter inches in depth.

These discoveries decided me not to remove the uterine appendages at that visit, thinking that the secretions that could not easily escape from this vaginal *cul de sac* might be the cause of all the trouble by reflex action, something like the reflex troubles caused in young boys with phymosis, by the accumulation of the smegma preputialis behind the glans.

The operation gave no relief. The weather becoming intensely cold I determined not to proceed farther until Spring. April 28th, the weather having moderated, I made an abdominal section for the purpose of removing the ovaries and appendages if necessary, the same gentlemen being present as at the former operation. When the abdomen was opened—the incision being about two and a half inches long—the ovaries presented a shriveled, cirrhosed appearance, but both tubes were swollen, very red and congested throughout their whole length. A ligature was thrown around the broad ligament of each ovary and tube, so as to include the attachments of the ovary and tube in one ligature, and tied with a book binder's, or, as Mr. Tait calls it, the Staffordshire knot. The pedicle was divided with the scissors about half an inch from the ligature and dropped into the abdomen. The abdominal walls being very thick, stitches of silk were first passed through skin and peritoneum and the end left long and tied so they could not become entangled; then the peritoneum was brought carefully together with kangaroo tail tendon sutures, after which the deeper sutures were tightened so as to completely close the opening. I used the kanga-

* Read before the Tri-State Medical Society, at its Meeting held at Indianapolis, Ind., Sept. 19, 1883.

roo tail tendons for ligating the pedicle of the ovaries; it was obtained from my friend Dr. Henry O. Marcey, of Boston. Within two weeks the wound was entirely healed, and she suffers no more with the iliac pains, but is still a victim of the morphine habit.

Although this lady was not cured of the morphine habit in addition to the ovarion irritation, she is still very greatly better off than she was before the operation.

Mr. Tait has with his boldness and good judgment carried this operation still further, and performs it for the cure of uterine myoma, thereby bringing on the menopause and causing the physiological rest to occur that otherwise would be perhaps indefinitely postponed. While this postponement is being waited for, these patients may be carried off by hæmorrhage or some intercurrent disease that would not have been fatal had it not been for the weakness induced by the hæmorrhage.

I have not performed the operation for such a condition yet, but believe that I will have to for a patient who is suffering from such a trouble at the present time.

The mere opening of the abdomen I cannot believe to be so dangerous, and the pedicle is so small that but little shock need be apprehended from that cause. Even where serious inflammatory changes have gone on, the opening of the abdomen may not only not do any harm but may be actually curative. A case in point: In the Spring of 1882, Dr. Henry Hatch, of Quincy, Ills., called me to see a negro woman who had been suffering with gastric catarrh for two or three years and had also developed a small tumor in the right iliac region. This I decided to be a tumor of the right ovary. The Illinois State Medical Society met in May in our city, and I invited two very prominent surgeons of sister states to examine her, and they agreed with us that such was the case. From conversations with Dr. G. Granville Bantock, of the Good Samaritan Hospital, London, in 1881, I was impressed with the advisability of early ovariotomy, and so decided to operate at once on this case. To make assurance doubly sure we aspirated, taking away a pint of fluid with all the characteristics of ovarian fluid. The week after the meeting of the society the operation was determined upon, but a sharp intermittent fever set in and we determined to put the operation off a week, so Tuesday of the next next week the abdomen was laid open, at St. Mary's Hospital in the presence of Drs. M. F. Barrett, C. R. S. Curtis and Henry Hatch. The ovaries were not the least affected, the Fallopian tubes were sound, and the only evidence of our tumor, that we had taken a pint of fluid from the week before, was a little swelling under the peritoneum over the right sacro-iliac synchondrosis; this was so small we did not disturb it, but decided if it should refill to tap it with a large trocar through the vagina, which it lay very near to. All over the peritoneal surface were tubercles from the size of a hemp seed down, in fact, the abdominal cavity did not give a very promising appearance for recovery. The older gentlemen shook their heads, and looked, though they did not say it: "Why did you not let her die in peace?" The abdominal wound was closed by the metallic pins of Dr. W. F. Peck, of Davenport. She made a very rapid recovery. In two weeks she could be propped up in bed a little; in three weeks she was up, and from being a thin, emaciated being, vomiting nearly all the food she took, she was entirely free of stomach trouble, and has grown quite fleshy—in fact, the operation cured the peritonitis and gastritis. Now, the trouble was that we had mistaken a hydatid for an ovarian trouble, and the tapping killed the parasite and the cleaning out of the abdomen cured the peritonitis.

One difficulty exists in early ovariotomy that is not generally mentioned, and that is to get the edges of the wound together again. The walls of the abdomen retract so that one doubts that they ever could have been together over the contents of the bowels.

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*SPLENO-PNEUMONIA.**

BY DR. GRANCHER.

(Physician to the Necker Hospital, Professor in the Faculty of Paris.)

Woillez has described under the name of *simple pulmonary congestion* a morbid state of the lung, which is variable in its signs, symptoms, duration, etc., so that it becomes difficult at times to agree as to the clinical value of its definition at the bedside. It seems to me that if we could separate, in this confused group of pulmonary hyperæmias, which vary from a simple congestion to pneumonia, one or two types whose physical signs and other clinical characteristics would have a certain fixedness, a great service would be rendered to physicians.

For a long time I have remarked, as all my colleagues, doubtless, that the differential diagnosis between pleurisy and certain pulmonary congestions is not always easy. The observation lately of a patient, who entered my ward July 18, decided me to submit to you the study of a delicate problem, and one worthy of your attention. The following is a brief history of the case:

A young man of twenty-six, of good health, became ill July 12, a week before his entrance into hospital, caused by a thorough wetting he had received that day. The same evening he had a

*France Médicale, Aug. 18, 1883.

chill, with pain in the side and dyspnœa, and in the following days he was confined to his room, coughing a little, without any sputa, and continuing to suffer from pain in the side and dyspnœa. When he was admitted into the hospital he complained of the same symptoms, had a little fever (38.5°), but neither coughed nor expectorated; an examination of the chest showed that there existed, in all the lower portion of the left side, from the angle of the scapula down, the whole group of physical signs of pleurisy; notable dullness with considerable weakening of the vibrations, sharp blowing, egophony, aphonous pectoriloquy. Such was the diagnosis of the interne and of all those who examined him.

Yet, despite the formal statement of the signs which precede, and for reasons to be given further on, I kept to myself the opinion that the pleura was healthy and that the lung was the sole cause of all these symptoms. I asked my colleague and friend M. Rigal, with whom I had often spoken of these difficulties in diagnosis, to give me his advice. After a careful examination, M. Rigal thought that there existed a slight intra-pleural effusion with pulmonary congestion, and to remove all doubt he made an exploratory puncture with a hypodermic syringe, at the point where egophony appeared most marked; this puncture gave but a few bubbles of air and a drop of blood, the needle having entered the lung directly; it is useless to add that this exploration, like those which followed, was entirely inoffensive; it is sufficient, to avoid all accidents, to disinfect the syringe, and, among the different procedures, the simplest and best seems to consist in washing the syringe and the needle in boiling water and changing the rubber of the piston. The next and following days the same physical signs persisted; the patient did not cough, save when he moved, he then coughed a little with a small dry cough without expectoration.

July 20 and 22, I made two new punctures, and I could see that the syringe began to fill with air-bubbles when the needle was pushed in eight or nine millimetres, which means that, allowing for tissues, the pleura had not thickened notably and that the lung was lying directly against the thoracic walls.

On the 22d, I asked Prof. Potain to see the patient, after informing him of all that precedes; he acknowledged that all the signs were in favor of a pulmonary congestion with effusion, and said that if the proof of the non-existence of an effusion had not been made, he would not have hesitated to admit the presence of liquid.

The patient was submitted to the examination of several internes and young physicians, and all, ignorant of the punctures made, concluded that it was pleurisy; not only were the signs of pleurisy present, but the whole evolution of the disease, its rise, progress, localization, etc., pointed to this.

I may add that on account of these strong reasons my colleague, M. Blachez, persisted in believing that there existed a gelatinous pleurisy, if not a pleurisy with effusion. It seems difficult to reconcile this opinion with the proof provided by the capillary needle, to the effect that the lung is eight or nine millimetres from the surface of the skin. How explain in these conditions that the dullness, the diminution of vibrations, the blowing, etc., are due to a pathological state of the pleura?

Potain and Rigal did not hesitate to agree with me that the lung only was responsible for all the symptoms, without any noteworthy participation of the pleura. To-day the patient is yet in my ward, the physical signs have somewhat diminished, the blowing is less intense, more limited, the vibrations are becoming perceptible, but we are at the 28th day, and this is another similarity with light pleurisy, which lasts on an average four to five weeks.

I have in my service another patient, albuminuric, in whom paracentesis has been made several times; to-day the anasarca and ascites have disappeared, but there remains on the left side of the chest a group of signs which had drawn from every one the diagnosis of hydrothorax; dullness, soft blowing and egophony. Since more than three months the physical signs have not varied, and in the beginning this patient suffered during several days of a stitch in the side without cough or expectoration. From time to time the thoracic pain recurs, but without any perceptible change of the physical signs; in this man, as in the preceding case, exploratory punctures have demonstrated that the lung is close to the thoracic wall without any intervening effusion.

Here then are two patients in whom a physician, not warned, would conclude that there existed a simple pleurisy or a pleural effusion with pulmonary congestion, and yet there exists neither pleurisy nor hydro-thorax, but a pathological state of the lung which reproduces almost all of the traits of pleural effusions.

Until chance favors us through a post-mortem the means of describing the anatomical lesions, we may perhaps sketch, with all reserve, a description of a pathological state which could be neither true pneumonia nor simple congestion. On reflecting as to the manner in which vibrations are formed and show themselves, we recognize the fact that they *take their origin* in the larynx, that they are *propagated* in the bronchial tubes, and that they are *transmitted* by the pulmonary parynchema to the hand applied over the thorax. In the species, the complete absence of all signs appertaining to in-

flammation of the bronchia, or to their compression, does not allow us to refer the diminution of thoracic fremitus to a defect of propagation in the bronchial tubes, but if transmission by the lung changes with the modifications of density which it has undergone, it is seen how the alveoli, half-filled with a sero-albuminous exudation, mixed with epithelial scales, approaches more nearly the density of liquids than that of solids. Under such conditions the pulmonary mass must oppose to the vocal vibrations which traverse the bronchi about the same obstacle that an intra-pleural layer of liquid would.

As a fact, each one of the capillary punctures furnished a drop, not of pure blood, but of sero-sanguinolent fluid, in which the red blood corpuscles are not numerous.

In support of this explanation, I may cite several autopsies in which the diagnosis of pleurisy, with or without congestion, had been made, and still in which the lung was responsible for all the signs, an old pleural symphysis not permitting the supposition of the temporary presence of an effusion even.

What name is to be given to this alteration of the lung which is neither true lobar pneumonia, nor the simple acute congestion of Woillez, nor passive congestion? The term spleno-pneumonia might be adopted, as it is pretty applicable to what we know of these sero-albuminous inflammations which are epithelial at the same time; but I readily agree that a histological examination would be worth more than deductions the most logical in appearance.

The diagnosis between spleno-pneumonia and subacute pleurisy is very difficult, since the application of actual classical ideas almost invariably leads to error. I was put upon the road of the differential diagnosis in part by attentively studying the *signs of the focus* of the lesion, and in part by studying the phenomena in the *vicinity*. The former signs are those of a pleurisy, but, and this is the reason why Potain and Rigal thought a concomitant pulmonary congestion existed, the egophony was rather broncho-egophony than pure egophony; the souffle also was less soft and acute than that of pleurisy. This would lead us to regard an intra-pleural effusion present only when the egophony is very pure and the blowing sound very acute, despite the diminished fremitus and dullness. Yet these two signs (egophony and blowing) only have their distinctness and full import in simple pleurisy; for if the pleurisy, as it often happens, is complicated with pulmonary congestion, the egophony loses its purity and the souffle its acuteness; it is then with a pulmonary congestion complicated with effusion that the diagnosis from spleno-pneumonia is most difficult.

The reasons that made me exclude all idea of intra-pleural effusion, in the two cases mentioned, are as follows: I heard by searching for them carefully, and in a profound silence, some fine crepitations, discreet and strictly limited to inspiration. I will add, that to produce them the patient was forced to cough, and they had to be seized upon during the long inspiration which follows a cough; their character of dry crepitation on the one hand, their constant limitation to inspiration on the other hand, seemed in my mind to exclude the sounds called *pleural*, which are coarser, more wet and occurring both on inspiration and expiration. All the physicians who saw the patients with me perceived these crepitations and interpreted them like I did.

The examination of the vicinity seems as valuable as that of the seat. In all pleurisies, as long as the lung is intact, it is found pushed up above the effusion, and there is found in these cases, above the zone of dullness, of souffle, of egophony, etc., another zone in which the vibrations are augmented by reason of the physiological state, whereas they are absent or very feeble below; in both patients whose histories I have given these signs, due to the condensation of lung tissue, did not exist; we pass from the focus to the neighboring regions by insensible gradation, the vibrations reappear little by little, instead of suddenly and loudly; thus the phenomena of pulmonary condensation are wanting above the signs of spleno-pneumonia.

I do not say that these two elements of diagnosis —inspiratory crepitations and signs of the vicinity— are always present and to be relied upon, but I think that a good number of new observations will increase their value, if care is taken to look for them; some better signs, which I have not succeeded in discovering, may perhaps also exist.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Oct. 6, 1883.

The Vice-President, Dr. Dudley, in the chair.

Dr. Fairbrother had lately had occasion to observe a peculiar form of diarrhœa following parturition and often ending fatally. One case had lately baffled all his efforts. He had not seen any account of this among authors.

Dr. Green advised always examining the rectum, as often an accumulation of fæces along the sides of the bowel will cause irritation and a diarrhœal discharge.

Dr. Watkins never had any such trouble with lying-in cases. He is in the habit of administering

a mild cathartic on the evening of the second or morning of the third day, and found no cause of complaint as far as diarrhœa is concerned.

Dr. Atwood never saw diarrhœa attendant upon labor. No doubt, some unusual influence in Dr. Fairbrother's vicinity is acting; otherwise it might be accounted for as a reflex nervous irritability from the uterus on the muscular coat of the bowel.

Dr. Williams reported the removal of a singular foreign body from a young girl's ear. She felt a tickling in the ear, and on examination a live louse was found in her ear. Some years ago Dr. W. removed one from a gentleman's ear.

Dr. Pollak spoke of a young man affected with a painful headache and pain in the ear, the latter supposed to have been caused by picking the ear with a horse-shoe nail. The ear was normal. An excruciating pain existed over the temporal region. The patient died yesterday, and upon post-mortem examination, the blade of a knife two inches long was found perforating the brain, and an abscess formed about it. The patient knew nothing of it, and no perceptible external wound could be found.

Dr. Pollak exhibited a specimen of fibro-polypo of the posterior nares, occurring in a young girl who had obstruction of the nose for two years. A part of the tumor, as large as a walnut, could be seen below the velum. It was very hard, reaching up far. One nostril was hypertrophied, the other normal. One part of the tumor was removed with the ecraseur, and the other part, which was more accessible, was removed with polypus forceps. Relief was instantaneous.

Dr. Williams removed a similar tumor from the posterior nares of a gentleman in this city. It seems to be a cystic polypus, several polypi arising from the same pedicle and having a cystic character.

NINTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ILLINOIS, INDIANA AND KENTUCKY.

Held in English's Hall, Indianapolis, Ind., Sept. 18, 19 and 20, 1883.

[SECOND DAY, AFTERNOON SESSION CONTINUED.]

Dr. W.H. Wathen, of Louisville, reported on the uterus presented at the morning session. The uterus was not considered pregnant or that an abortion was performed; efforts to produce an abortion had been made however. The cyst in the ovary was a simple one and not a corpus luteum either of pregnancy or menstruation. The ovary was the subject of chronic inflammation, and the Fallopian tube much enlarged with obliteration of a part of its cavity. A sharp and wide instrument had been used to endeavor to perform an abortion.

Dr. Borck, of St. Louis, next made some observations on Sponge Grafting, which will be published in the Review.

DISCUSSION.

Dr. Byrd remarked that Dr. Hamilton, of Glasgow, also uses very thin sections, but does not let the sponge quite touch the edges of the wound, and this is the point to look to.

Dr. Borck said that a good method of applying iodoform to wounds is to dissolve it in ether—a drachm to the ounce—and spray the solution. The ether evaporates and leaves a fine film of iodoform.

Dr. Mudd wished to call attention to skin grafts, saying that small grafts were more easily managed than large ones, and were more valuable where the connective tissue is short.

Dr. Borck thought it a question whether skin grafts are better over joints. Sponge grafts had succeeded well in many cases.

Dr. A. B. Thrasher, of Cincinnati, read a paper on Naso-Pharyngeal Catarrh.

He said that the term catarrh is made to cover a multitude of ills. Hippocrates and Galen thought it was a flow from the brain. The laity use the term to denote polypus, coryza, etc. A patient has catarrh and complains of it to his family physician, who puts him off; this drives him to patent nostrums; he may be relieved, and then comparisons are odious. In medicine catarrh is restricted to inflammations of the mucous membrane, usually accompanied by a discharge. Mackenzie considers post-nasal catarrh more frequent in America than in England.

Cold is a prolific cause, the cold air touching the Schneiderian membrane produces congestion, which spreads. Some say that the pharyux is the *locus minoris resistentiae*. Nasal catarrh is due to a specific germ, and is contagious according to some. Cigarette smoking is a not infrequent cause; scrofula, syphilis, etc., make one more liable to the disease. To sum up the etiological factors, they consist in almospheric changes, mechanical irritation, and specific causes arising from some dyscrasia.

The symptoms are discharge and pain in the nose, coughing and hawking in the morning. Supra-orbital neuralgia, asthma, anosmia partial or complete are sometimes present. In chronic cases there is a fœtid discharge, the breath is offensive, the sense of smell is impaired and secretions drop into the pharynx; there is also hypertrophy of the tissues on the turbinated bones. The erectile tissue about the vomer accounts for the sudden œdema arising from a "cold in the head" and its rapid change from one fossa to the other. First there is an inflammatory hypertrophy of the mucous membrane, with itching and a watery discharge which gradually thickens and becomes yellow.

Crusts may form and the secretion gather under them; the infiltrated tissues may break down and ulcers form, and in syphilis the ulcers may even attack the bones. Fortunately for the patient the sense of smell is destroyed. The inflammation may pass up and involve the Eustachian tube and middle ear, and may pass from the nasal cavities into the antrum, sthenoidal and sphenoidal cells, etc. On this account a careful physical exploration should always be made. Notwithstanding the frequency of the disease it is only lately that we have arrived at a clear understanding of it by the use of the rhinoscope. The first examination should be made with a hand-mirror or direct sunlight, and then diffused sunlight may answer. An anterior examination may be made without trouble, but posterior rhinoscopy requires more time and care, and it is well to bear in mind that gentleness and patience will accomplish more than roughness and hurry. The pharynx is seen easily and the vault may be touched with the forefinger.

The prognosis of uncomplicated coryza is good.

The treatment is both hygienic and medicinal. The first step is to have a pure atmosphere. One-third of our lives is passed in bed, and on that account the air of sleeping rooms should be as pure as possible. The custom of covering the floor and walls with tapestry tends to fill the room with dust. Sudden or extreme changes of temperature should be avoided; also the overheating of living apartments. 65° F. when the atmosphere is dry and 70° when moist is proper. Woolens should be worn next the body, and altogether sobriety, continence and bodily exercise should be practiced.

The medicinal treatment is both constitutional and local. As long as the general health is bad little can be done by local measures. The primæ viæ must first be attended to, and the remedies given must be governed by the condition of the patient, who will require local treatment in addition. The first is cleanliness. Clean all the cavities. There are various ways of doing this, but it ought to be done gently and thoroughly. Snuffing up a solution of salt is a practice much in vogue, but the posterior portion is not reached. The nasal douche was another popular method, but it has fallen into disrepute on account of the solution getting into the Eustachian tube. Then there are different kinds of syringes which may sometimes be useful. The best method is the coarse spray. The atomizing tubes are so constructed as to throw a spray at all points. The fluid used is slightly alkaline and of the specific gravity of the vascular fluids. Dobell's formula is a favorite one.

The solution should always be about the temperature of the body, and hotter in the atomizer. The medicines used are in the shape of powders and in liquid form. Powders should be finely pulverized and non-irritating. Starch, sugar, nitrate of silver, tannic acid, bismuth, subnitrate, etc., are employed, precipitated boracic acid being a very effective powder. The menstruum for general use is cosmoline; the medicine need not be soluble in it. It is necessary, however, that each case be treated according to the condition present.

DISCUSSION.

Dr. Dudley Reynolds said the paper was a valuable one, but omits some things. There is a tenaceous lymph which comes from the membrane, which contains an extraordinary number of lymph channels which rupture. It is necessary before cleansing to apply something to coagulate this lymph. Cosmoline will not cleanse this off. He did not believe that extreme changes of temperature were the cause, a great variety depending upon obstruction of the lymph channels. He was never successful until he forbade patients eating any glucose.

Dr. Post wished to know if the use of the spray diminished the danger of affecting the Eustachian tube.

Dr. Thrasher said that it was absolutely free from danger if the spray was not too coarse or thrown in with too much force.

A paper on Laryngeal Phthisis by Dr. Martin F. Coomes, of Louisville, Kentucky, was read by title.

Dr. H. H. Mudd, of St. Louis, read a paper on Lithotrity and Lithotomy, which will be published in the REVIEW.

The next paper was on Tuberculosis, as produced by Inoculation of Sprayed Sputum: with Fifteen Cases, by Dr. Louis D. Broze, of Evansville, Indiana.

The animals used were such as are not scrofulous or that easily acquire tuberculosis, such as cats and dogs. The sputum was taken from phthisical patients in whom the disease was verified by autopsy. It was used as an emulsion, or pure, and the animals sprayed five minutes for five consecutive days and given a proper supply of food and water, and killed with cyanide of potassium. There were three series of experiments. The first lasted ten days. On April 25, a cat was sprayed 3 oz. sputa; also April 26 and 27, when she had a litter of five kittens. April 28, old and offensive sputa were thrown in box among kittens, which died, as also cat. The lungs of the kittens were normal; those of mother emphysematous at edges, otherwise normal. Death probably from septicæmia.

The second series lasted from eighteen to twenty-seven days. April 16, a bull-dog bitch was placed in a box in a room 6x9. Emulsion was given. On 17, escaped in room. On 18, again escaped and the spray was thrown in room and sputa scattered on floor. May 7, killed; in left lung grey miliary tubercles;

right bronchial gland at root, enlarged; also spleen.

May 11, three kittens were sprayed with fluid from cut surface of lung. 30th, one dead with miliary tubercle in both lungs and pleuræ. June 12, killed other two and found lungs highly infected; the pleura inflamed and adherent; spleen and kidney normal. May 11, a dog was placed in a room 9x6, sprayed and sputa on floor. June 14, killed, and disseminated tubercles found in both lungs and pleuræ.

Experiment 4, approached nearest to croupous pneumonia; experiment 1, bronchial gland tubercle; experiment 5, tubercle bacilli were present in the spleen. Such was the microscopic result. Third series included seven experiments to show that the tubercle in the others was not produced by irritation. The animals were placed under the same conditions, and the normal, healthy brain of sheep or cow, rubbed up with water, was sprayed. In two kittens nothing abnormal resulted; of the remaining five, three were found dead with no tubercle and two were killed, the lungs being normal. The first to employ this method was Tappener, and his results were the same as mine. My observation is that the more concentrated the spray the greater the degree of infection. Our controlling experiments are wholly in unison. Dr. A. Reichenbaum says that certain morbid appearances may be produced by inhaling irritants—that we may produce nodules having the appearance of tubercle but not really such, and having no progressive action. Dr. Formad, my teacher, says that the epithelium of the lungs is an endothelium, and predisposition to tubercle lies in the anatomy of the individual small lymph spaces from the arrangement of the connective tissue. A scrofulous being can only have a tuberculous inflammation. Others may acquire it, and cannot have it except when some local irritation is set up. If this be true, why did not the controlling experiments of Tappener and myself show this? The following are the conclusions that may be summed up: 1. Tuberculosis may follow the inhalation of phthisical sputa. 2. The breath and saliva carry the infection. 3. Since in the experiments under ten days produced no disease, and it followed between eighteen to thirty days, there was something specific requiring a certain time for its development. 4. That it was the bacillus of Koch we are not ready to claim.

Dr. L. E. Stockig, of Anna, Ills., read a paper on The Relations of Disorders of the Digestive Organs to Insanity.

It is very difficult to determine the relation any pathological condition sustains to mental derangement—whether cause, effect or intercurrent. This is especially true of diseases of the digestive organs, which hold an important relation to insanity. Yet but little is found on the subject in the various authors on insanity. Some do not mention these disorders at all as a complication; while others say that they are very common, but consider them as a result. A careful study of cases leads us to the conclusion that this subject has not received as much attention as its importance demands, and that somewhat erroneous opinions have been held.

The author, from several years' observation and treatment of both acute and chronic insane cases, concludes that while disorders of the digestive organs are very common in the more recent cases, the chronic insane, who have resided some time in a hospital, are remarkably free from them; and that these diseases are frequently the casue of insanity. In explanation and illustration of his conclusions a number of cases were cited from his own practice.

Dr. H. H. Clark, of Danville, Ills., read a paper on Capital Operations, dwelling upon amputation of the femur, and detailing a case that had lately come under his care. He also presented a specimen of the bone amputated.

SELECTION.

A SUCCESSFUL CASE OF GASTROTOMY FOR INTESTINAL OBSTRUCTION.

BY ALDER SMITH, F.R.C.S., M.B., LOND.
Medical Officer of Christ's Hospital.

[British Medical Journal.]

The extreme rariety of a successful issue to the operation of gastrotomy, undertaken for intestinal obstruction, leads me to publish the following interesting case.

On January 2nd, at 11 p.m., Mrs. S., aged fifty-three, a ward-matron at Christ's Hospital, who previously had been in good health, was seized with acute pain in the abdomen, which soon settled about the median line, just above the umbilicus. This was followed by sickness in about two hours; during the night, she was in great pain, and vomited a bile-stained fluid four or five times.

When first seen on the following morning, January 3rd, she was in such pain, that I immediately injected a quarter of a grain of morphia subcutaneously; and, as the sickness had ceased, gave her a black draught, and ordered hot fomentation to the abdomen. The pain was acute and paroxysmal, and near the situation of the gall-bladder; so that, at first, I thought the case was one of gall-stone colic.—2 p.m. The draught was only retained an hour, and was then returned. Mrs. S. was still in great pain; the abdomen was normal; there was no tenderness and no swelling. I gave a quarter of a grain of morphia subcutaneously.—4 p.m. The sickness had ceased, and Mrs. S. was

only in slight pain. Some castor-oil was ordered.—10 p.m. The castor-oil was returned in an hour, and the bowels had not been relieved. A quarter of a grain of morphia was given subcutaneously.

January 4th. Mrs. S. had slept most of the night, and was in very little pain; she had had no sickness since last night; she had retained some milk and beef-tea. As the pain was comparatively slight, and the sickness had ceased, I determined to try one more dose of castor-oil before deciding that the case was one of obstruction.—3 p.m. The oil was retained two hours, and then returned. The pain in the abdomen was increasing; but in other respects Mrs. S. did not appear to be seriously ill. The tongue, temperature, and pulse were normal; the abdomen was not distended; there was only slight tenderness about the umbilicus, and no tumor was to be felt. The case now appeared to be one of intestinal obstruction. A quarter of a grain of morphia was given subcutaneously, and an injection ordered by the rectum, consisting of a quart of gruel with castor-oil; nothing to be taken by the mouth but iced water and a little beef-tea, and fomentations and poultices to the abdomen.—10 p.m. The injection was retained half an hour, a few small pieces of fæcal matter being returned with it. Mrs. S. had just vomited matter, not fæcal, the first time since the morning. This sickness was not caused by food or medicine. She was not in much pain; the abdomen was in the same state. A fourth of a grain of morphia was given subcutaneously, and I left a quarter of a grain to be taken in the night, if she were in pain.

January 5th. She passed a quiet night, and had no sickness. There was still pain near the umbilicus. I gave a fourth of a grain of morphia, and ordered another large injection to be used. At 2 p.m., Dr. Andrew and Mr. Savory saw the case in consultation. The injection used this morning returned without any fæcal matter. Some beef-tea had been retained in the stomach; she had had no sickness. The tongue, temperature, and pulse were normal. The abdomen was a little more distended than yesterday, and there was slight tenderness near the umbilicus, but no tumor to be felt, no tenderness in the right iliac fossa. She was ordered to continue the morphia, and only to have iced water, and a very little beef-tea. A fourth of a grain of morphia was given subcutaneously.—11 p.m. Mrs. S. had not been sick, and was comparatively easy. She had some morphia at 6 p.m. Tongue clean; temperature, 97.4°; pulse 90. A fourth of a grain of morphia was given subcutaneously.

January 6th. She had had a quiet night; no sickness. The pain was the same; the abdomen was slightly distended; nothing to be felt. She had been taking five minims of tincture of opium every hour since 4 a.m. Temperature 98.4°, and pulse 88.—10 a.m. I passed a long stomach-pump tube as far as the transverse colon, and very quietly injected four pints of warm olive-oil. This caused a little pain, but it was retained; I gave one-sixth of a grain of morphia subcutaneously. There had been a free discharge of urine up to the present time.—3 p.m. Most of the oil was rerurned in half-an-hour, but no fæcal matter came away with it. Dr. Andrew saw the case, and it was considered one most suitable for the operation of gastrotomy, as the cause of the obstruction, from the history, seemed undoubtedly to be a twist, band, or internal hernia, and a fatal result seemed inevitable unless the patient were relieved by an operation —5 p.m. Mrs. S. had lately vomited three-quarters of a pint of thin offensive fæcal matter: this was the first sickness since the night of the 4th. The abdomen had been rapidly swelling since the morning, and was very much distended with flatulence. The patient's appearance was quickly changing, and she had the marked look of one suffering from strangulated hernia.—8.30 p.m. During the last few hours a consultation was held, and consent obtained for the operation to be performed. The abdomen was greatly distended; the patient was deeply under morphia, with pin-hole pupils; temperature 98.6°, pulse, 90. The apartment was ordered to be kept at 65°, and the air to be moistened with steam. Mr. Savory operated at 9 p.m., Mr. Howard Marsh kindly assisting us. All the instruments were thoroughly washed in carbolic lotion (1 in 40), and afterwards dried; the operator's hands and the patient's abdomen were likewise washed and dried. The greatest cleanliness was observed, but no steam carbolic spray was used, and no carbolic lotion, or other irritant, was allowed to enter the peritoneal cavity. The abdominal cavity was opened by an incision extending from the umbilicus to the pubes, and the intestines were found to be much distended with flatus. They were rapidly traced downwards until a portion of the ileum was found tightly nipped by some band or construction; below this was seen the flaccid and empty intestine. On pulling this portion of the ileum, and breaking through a band, a loop of strangulated intestine came out. This portion was intensely congested, of a deep claret color, and so tightly nipped, that gangrene must soon have supervened if the operation had not been performed. As soon as the constricted portion was found to be pervious to flatus, by gently squeezing a small quantity through the narrowed part, no unnecessary exploration was made as to the exact cause of the constriction, but the intestines were at once returned. A little blood-stained fluid was

removed by clean and new sponges from the abdomen, and the wound was rapidly closed with silk and silver sutures. There was very little bleeding, and no vessels had to be tied. The dressing consisted of lint soaked in carbolic oil (1 in 40), long strips of plaster, and a broad flannel bandage. A quarter of a grain of morphia was given subcutaneously directly the patient recovered from the chloroform. Iced water only was ordered, and five minims of tincture of opium every hour; the temperature of the room to be kept at 65°.—12 p.m. She was very easy and quiet; had had no sickness since the operation and had slept occasionally.

January 7th, 9 a.m. She had had a quiet night, sleeping most of the time; passed urine at 4 a.m. She had had no sickness and was in no pain, except when flatus came up. The tongue was clean; the abdomen was still greatly distended, but not tender. Some offensive wind had passed upwards during the night. The opium had been continued every hour. Temperature 99.3°; pulse, 100.—5 p.m. All was perfectly quiet. One ounce of beef-tea was given.—10 p.m. A considerable quantity of flatus was passed by the rectum this evening. The abdomen not so tense; there was no tenderness, no sickness. She was still deeply under opium, which had been continued every hour. Temperature, 100.2°; pulse, 92.

January 8th, 9 a.m. She passed a good night, and felt quite easy. Plenty of flatus had passed. She has only had iced water, and the opium during the night. Tongue clean, but red and dry. Temperature, 100.2°; pulse 88.—9. p.m. She was in the same comfortable state, and was still deeply under opium. She had had three teaspoonfuls of Brand's beef essence and iced water, during the day. The opium was continued every hour. Temperature, 100.2°; pulse, 88.

January 9th, 9 a.m. She had had a restless night, from flatulence; a large quantity of flatus had been passed; she had had no sickness. Temperature, 108.0°; pulse, 92.—3 p.m. The wound was redressed by Mr. Savory, with carbolized oil. It was all healed by the first intention, except a very small portion of the edges of the skin, about one inch. There had been no oozing of fluid, and the first dressing was only marked by a little blood-stained fluid. All the sutures were removed to-day, except one silver one. The edges of the wound were secured by long strips of plaster. There was no inflammation of the wound, and the abdomen was much less in size, and there was no tenderness on pressure.—9 p.m. She was much relieved by the dressing. She had only had iced water, and a few teaspoonfuls of Brand's essence during the day. Opium was given every hour. Temperature, 99.4°; pulse, 88.

January 10th, 9 a.m. Patient had a good night; the abdomen was much less. Temperature, 99°. pulse, 84. I ordered 5 minims of laudanum to be given every three hours, and Brand's essence and arrowroot alternately, every two hours.—9 p.m. She had had a comfortable day, and was in no pain. Temperature, 98.8°; pulse, 88.

January 11th. Much flatus was passed during the night. The wound was dressed again this afternoon, and the remaining silver suture removed; all was firmly united, except the edges of the skin for about one inch. There was only a very little discharge on the lint. A little brandy was given to-day. Temperature, 99.4°; pulse, 92, in the morning; and temperature, 92°; pulse, 88, in the evening.

January 12, 9 a.m. Temperature, 98.6°; pulse, 84. The opium was stopped this morning.—9 p.m. Two small solid motions were passed naturally this afternoon. Temperature, 98.4°; pulse, 80. The abdomen was rapidly regaining its normal size.

January 13th. Temperature, 98.4°; pulse, 76. Two motions were passed during the day.

January 14th. Temperature, 98.4°; pulse, 80. She was very much better to-day. The abdomen was nearly of normal size; there was no tenderness. The wound was again dressed; it was all but healed. The bowels were open twice. Bread and milk and custard pudding were ordered.

After this, she made steady progress towards recovery. On February 5th, she was able to walk out, and on the 17th she left town for change of air; perfectly well, but thin.

Remarks.—These notes show, I think, the value of an early diagnosis, of the avoidance of strong purgatives, and of the treatment by opium before and after the operation; as well as the possibility of the wound of abdominal section healing by the first intention, with entire absence of peritonitis, without the use of the carbolic spray, during the operation, although the intestines were exposed and freely handled. In many cases of intestinal obstruction, so much has been given and done, and the patient is so exhausted before an operation is suggested as the "the last chance," that there is but little hope of avoiding a fatal peritonitis. In this case, the absence of sickness for forty-eight hours, prior to the vomiting just before the operation, and the deep narcotism of the patient, greatly helped, I believe, the favorable result.

THE ARMY.

Official List of Changes of Officers serving in the Medical Department U. S. Army, from September 8, 1883, to September 23, 1883.

Campbell, John, Lieutenant Colonel and Surgeon —Medical Director Department of the South:

granted leave of absence for fifteen days. (Par. 2. S. O. 94, Department of the South, September 13, 1883.)

Alexander, Charles T., Major and Surgeon: on being relieved from duty at the U. S. Military Academy October 1, 1883, to report in person to the Commanding general, Department of the Missouri, for assignment to duty. (Par. 7, S. O., 211, A. G. O., September 14, 1883.)

Alexander, Charles T., Major and Surgeon: granted leave of absence for four months, from October 1, 1883. (Par 1, S. O. 213, A. G. O., September 17, 1883.)

Gibson, Joseph R., Major and Surgeon: relieved from duty in the Department of the East, October 1, 1883, and to report by letter to the Commanding general, Department of the South, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Horton, Samuel M., Major and Surgeon: relieved from duty in the Department of the Platte, October 1, 1883, and to report in person to the Commanding general, Department of the Missouri, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Meacham, Frank., Major and Surgeon: relieved from duty in the Department of the East, October 1, 1883, and to report in person to the Commanding general, Department of the Platte, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Smith, Andrew K., Major and Surgeon: relieved from duty at Willet's Point, New York, October 1, 1883, and assigned to duty at U. S. Military Academy, West Point, New York. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Taylor, Morse K., Major and Surgeon: relieved from duty in the Department of the East, October 1, 1883, to report in person to the Commanding general, Department of the Missouri, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Wolverton, William D., Major and Surgeon: relieved from duty in the Department of Dakota, October 1, 1883, and to report in person to the Commanding general, Department of the East, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Appel, Daniel M., Captain and Assistant Surgeon: relieved from duty in the Department of the Missouri, October 1, 1883, and to report in person to the Commanding general, Department of the East, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1833.)

Bartholf, John H., Captain and Assistant Surgeon: station changed from Fort Lapwai, I. T., to Vancouver Barracks, W. T. (Par. II. S. O. 123, Department of the Columbia, September 6, 1883.)

Merrill, James C., Captain and Assistant Surgeon: relieved from duty in the Department of Dakota, October 1, 1883, to report in person to the Commanding general, Department of the East, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Maus, Louis M., Captain and Assistant Surgeon: relieved from duty in the Department of the Missouri, October 1, 1883, and to report in person to to the Commanding general Department of Dakota, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Munn, Curtis E., Captain and Assistant Surgeon: relieved from duty in the Department of the Missouri, October 1, 1883, and to report in person to the Commanding general, Department of the East, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Patzki, Julius H., Captain and Assistant Surgeon: relieved from duty in the Department of the South, October 1, 1883, and to report in person to the Commanding general, Department of the East, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Price, Curtis E., Captain and Assistant Surgeon: relieved from duty in the Department of the East, October 1, 1883, and to report in person to the Commanding general, Department of Dakota, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Vickery, Richard S., Captain and Assistant Surgeon: relieved from duty in the Department of the Platte, October 1, 1883, and to report in person to the Commanding general, Department of the Columbia, for assignment to duty. (Par. 7. S. O., 211, A. G. O., September 14, 1883.)

Weisel, Daniel, Captain and Assistant Surgeon: relieved from duty in the Department of the East, October 1, 1883, and to report in person to the Commanding general, Department of the Platte, for assignment to duty. (Par. 7, S. O. 211, A. G. O., September 14, 1883.)

Appel, Aaron H., 1st Lieutenant and Assistant Surgeon: leave of absence granted July 20, 1883; extended one month. (Par. 10, S. O. 211, A. G. O., September 14, 1883.)

Banister, J. M., 1st Lieutenant and Assistant Surgeon: assigned to duty at Fort Adams, R. I. (Par. III. S. O. 170, Department of the East, September 10, 1883.)

Brewster, William B., 1st Lieutenant and Assistant Surgeon: granted leave of absence for two months, from October 1, 1883, with permission to apply for an extension of four months. (Par. 1. S. O. 107, Mil. Div. of the Missouri, September 15, 1883.)

Strong, Norton, 1st Lieutenant and Assistant Surgeon: now on duty in the field near Fort Thornburgh, Utah, to accompany command to Fort Douglas, Utah, and there await further orders. (Par. 2. S. O. 101, Department of the Platte, September 17, 1883.)

Dr. Coates reports a case of transfusion of pure water, warmed to the proper degree (London Lancet). The patient was a primipara, twenty-seven years of age. The cause of collapse was an alarming hemorrhage on the ninth day after child-birth. Some twenty-two ounces of water were allowed to enter the median cephalic vein through a Jennings siphon. The result was striking, and convalescence speedy.

THE WEEKLY MEDICAL REVIEW.

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IN REFERENCE TO Kern's cataplasmata in the treatment of lympho-sarcomata, the Medical Record says: In an article published in the Record last spring we mentioned some facts regarding the efficacy of Kern's poultices in lympho-sarcomata. We have since had many inquiries regarding the matter, and therefore take pleasure in presenting the substance of a lecture upon this subject delivered by Prof. Busch, of Bonn. Prof. Busch recounts the failures which he had experienced in treating malignant sarcomata with the knife, by electrolysis, and by injections of various kinds. He had learned to recognize the value of Kern's cataplasms when a young physician in the military hospitals, where he had often seen obstinate buboes melt away under their use. These cataplasms are composed of one part mustard-flour to five parts of black soap, the whole being enclosed in a gauze bag, and applied daily over the tumor for four or five hours or longer. A very intense irritation, amounting almost to an erysipelas, is produced. The sarcomatous tumors, if fresh, soften and disappear. The results of this treatment are best shown by giving the history of a case of progressive lympho-sarcoma as described by Prof. Busch: "The patient, a very powerfully built man of thirty-five, had noticed in the beginning of July a hard swelling beneath the left angle of the lower jaw. He used water applications, presuming it to be a tonsillitis. But as the tumor grew he sought medical advice, and at first inunctions of mercurial ointment, linseed poultices, arnica, and poppy-seed were applied. On August 13th I was called in to examine the patient and was frightened to see the appearance of the man, who two months prior had been in the best of health. An immovable tumo extende from the middle line of the neck to the vertebral column, from the inferior maxillary bone to the internal half of the clavicle. The larynx was pushed to one side of the middle line, and the sternal extremity only of the sterno-cleido-mastoid muscles was discernible. The pulsations of the carotid could not be perceived at its proper place, as it was surrounded in its whole course. The pains of the occipital region and vertex, so characteristic in these tumors, were felt by the patient. They were occasioned by the great stretching of the posterior auricular and occipital magnus nerves. The voice had become somewhat hoarser, as the result of pressure upon the pneumogastric or recurrent nerve. With these symptoms, and in the presence of the very rapid growth of the tumor, I could only express my opinion that in all probability the patient's life would be terminated within a few weeks. If I advised any remedy, it would be the poultices of Kern. Possibly they would not benefit a great deal in this case, and should this be the case in a few days they would be discontinued. Next day I took my vacation trip and left the patient in charge of Dr. S——, who relates to me the succeeding events: The patient endured the poultice (one to five) very well, so that (instead of having it applied, like the other patients, for four to five hours) he let it remain upon the tumor for twelve hours. In the evening the cauterized region was covered with vaseline and cotton, and morphine given internally. Already on August 27th, fourteen days later, an evident diminution of the tumor and greater mobility was ascertained. The cataplasmata were continued for four weeks and iodide of potassium (5 to 200) given per os. After the tumor had completely disappeared, small quantities of iodoform

were brushed upon it. I saw the patient, whom I did not suppose to be still among the living, on October 3rd, cured." Prof. Busch is inclined to attribute the powerful action of this remedy to the erysipelatous irritation produced by it. Prof. Binz, to whom he communicated this view, thought that the oil of mustard, penetrating the softened skin, might also be a factor. At any event, the result appears as undeniable as it is extraordinary. It is not likely that all cases even of fresh tumors would have so happy a termination. It is not stated whether the tumor returned.

We ought All to Know to whom we are indebted for the establishment of our present valuable collection and system of statistics. Dr. Foster Pratt quotes in his address before the American Medical Association the British Medical Journal as saying: "It was Dr. Wm. Farr who created our system of vital statistics, through which the public was taught the necessity for sanitary reforms, especially in our large towns. It was, moreover, the public faith in Dr. Farr as a vital statistician that gave weight to the mortality statistics issued by the Registrar-General, thus making possible the passing of the Public Health Acts of 1872 and 1875, from which dates the marked decline in the English death-rate recorded during the past seven years." Again it says: "It is not too much to say that the figures collected by him, the principles which he deduced from them, and the accomplished skill with which he impressed the doctrine of sanitary law upon statesmen and on the public mind, have done more to forward the progress of sanitation throughout the world than the labors of any other man, perhaps, who could be named." Yes, Mr. President and Gentlemen, Dr. Farr's tables, Dr. Farr's deductions and demonstrations were the basis on which we, in the United States, laid the foundations of our sanitary structure. It was mainly from his arsenal of facts and established principles that we drew the weapons of argument with which we won our first victories for sanitary organization and reform. Our own workers, inspired by his example and guided by his experience, were soon busy in the same field of vital statistics, confirming by Dr. Farr's results, or demonstrating wherein and why our differing conditions gave different results.

The Belgian War Department has recently concluded a series of experiments on the waterproofing of soldiers' uniforms by the use of acetate of alumina (Sanitarian). With respect to the hygienic side of the question, the medical authorities have satisfied themselves that the articles of dress treated permit the perspiration to pass off freely, and chemical analysis has shown that the preparation used in no way injures the material, or destroys the color, or is injurious to the health of the wearer. More than 10,000 metres (10,936 yards) of materials, redressed two or three times over, notwithstanding the rinsing and washing to which they have been subjected, after having been soiled, and after constant wear, remained perfectly waterproof. The only drawback to the process appears to be, that it is not very economical, and, to insure the desired result, must be conducted on a large scale, which requires a considerable amount of plant. According to the Journal d' Hygiene, the following is the process employed: Acetate of alumina is obtained by making solutions of equal parts of alum and acetate of lead in separate vessels, and then mix them together. Sulphate of lead will be thrown down, leaving acetate of alumina in solution, which must be decanted. The materials to be waterproof are soaked in this solution, and then withdrawn without being wrung, and dried in the air.

Dr. G. Fisher reports an instance of recovery after severe injury to the brain (Med. Record), which recalls the well-known case of Dr. Harlow, of Vermont, in which a tamping-iron was forced through the head by a premature explosion. In this case, an iron ramrod was discharged during the loading of a gun. It entered the back to the right of the fourth dorsal vertebra, passed upwards along the ribs, and through the muscles of the neck,

and forced a passage through the skull and the brain, projecting out nearly twelve inches from the left side of the head. An incision was made in the neck, and the ramrod was forced back by a hammer and extracted through the wound thus made. The patient recovered, but lost the sight in the right eye. A ramrod being propelled in the same direction through a dead body, it was found that in its course through the neck no important nerves or vessels were injured. The instrument passed through the right optic foramen, tore the optic nerve, and passed through the fissure between the frontal lobes. The destruction of brain-substance in this region was only a little over an inch in extent, and was confined to the anterior portions of the left frontal convolution. According to our present knowledge, such an injury should cause no motor or sensory disturbances. The author apprehended the appearance in time of insanity as the result of the accident.

Professional Advertising, or rather unprofessional advertising, is justly condemned by both the spirit and letter of the code of ethics. It has come to be the sentiment of the better part of the profession, that it is inconsistent with the highest and best professional dignity to give certificates for publication, even in the advertisements in medical journals, and even with regard to the virtues of medicinal combinations for therapeutical purposes. There is no question as to the view of the profession with regard to the matter of physicians allowing their names to be used in connection with the advertisement of special remedies in the lay press. It is only a few years since a number of prominent physicians in New York City were most severely criticised for giving certificates as to the valuable properties of certain mineral waters, the certificates being published in connection with the advertisements of those waters in the various city and county papers. The result of the discussion on the subject and of the criticisms which were made was, that those certificates were withdrawn from the advertisements as published in the newspapers; and the principle was definitely settled that such certificate giving was unethical. In view of these facts, which are well known to the profession, it is a matter of serious surprise and deep regret to the profession of St. Louis, that there has appeared in a recent issue of one of the leading dailies of the city an advertisement of a combination of coca with tobacco under the name of "coca-plug," and the same was accompanied by certificates from six prominent members of the medical faculty, setting forth the valuable qualities of coca as a nerve tonic and stimulant, and advancing the opinion that the two in combination would be less deleterious than tobacco alone. If these certificates were given by these gentlemen for the purpose of being used in this way, they have shown a disregard for the well-known sentiment of the profession which was not to be expected of them. If the certificates are forgeries, they owe it to themselves and to the profession at once to enter suit against the company which has made such an unwarrantable use of their names. If they have any reasonable explanation of the matter, they certainly owe it to the profession to offer it.

In a Paper Read in the Section of Surgery, at the Annual Meeting of the British Medical Association in Liverpool, August, 1883 (Brit. Med. Jour., August 18, 1883), by Malcolm Morris, F.R.C.S., Ed., Surgeon to the Skin Department of St. Mary's Hospital, Mr. Morris speaks highly in favor of free erosion by means of a blunt spoon. He continues (Med. and Surg. Reporter): "The plan I adopted was, with a few minor modifications, identical with that originated by Volkmann, in 1870. With a large spoon, all scabs are thoroughly removed, and with them the great bulk of the superficial deposit; and after drying the surface, the minute nodules which are deeply lodged in pockets of the corium are dug out with smaller and pointed scoops. The margins are also vigorously scraped. The spoon should be applied till the whole of the soft friable lupus-tissue has been removed, and only the firm resistance of the sound parts is

met with. Though the greater portion of the disease may be removed at one operation, some of the smaller deep-seated nodules which have escaped will reappear in the scar, and require subsequent treatment. After the healing of the wound produced by the operation, a scar with more or less loss of substance is left. The great advantage of this treatment is the rapidity with which a cure can be obtained; and if a large surface be affected, in a position in which a scar is of no consequence from its appearance, it is, on the whole, the best that can be recommended. On the face and other exposed parts, the appearance of the cicatrix is a matter of some importance, and it is here that the other mode of operation, scarification, yields better results. I would here mention that in lupus of the mucous membrane I have had the most satisfactory results from scraping. The method of multiple punctures, as suggested by Veiel, of Cannstatt, in 1871, is effective but tedious in application, and I have preferred to practice linear scarification with a narrow triangular-pointed knife, as used by Professor Vidal, of St. Louis Hospital, Paris. The little operation is performed by pressing the sharp point of the knife, which should be held like a pen, on the sound skin at the edge of the lupus-growth, and quickly drawing it across the mass to the healthy skin on the opposite side. In its course it should penetrate the entire thickness of the morbid nodule, dividing at its base the fibrous bundles of the corium. Other incisions, parallel to this, should be made as close as possible, and these should be crossed by others at right angles. The bleeding, which is slight, is easily checked by a compress of cotton-wool, and the little cuts heal rapidly. After a week's interval, the operation should be repeated. Occasionally two or three operations are all that is needed, but more often it is necessary to repeat them several times. The scar left is smooth, supple, and usually distinguishable from the healthy skin only by its paler color, being little if at all depressed. In the severer ulcerating forms of lupus, especially in lupus exedens, the one alluded to in the opening of the paper, scarification, to be of service, must be used more boldly. We have sometimes to plunge the whole blade of the knife into the mass for a depth of one-half to three-quarters of an inch, to incise it in all directions, leaving the part in a condition literally of mincemeat, but without removing any portion of the tissue. This plan, I can state from my own personal experience, is most effective, and fully merits the favorable recommendation of Vidal. In comparing scraping and scarification, the former, though it has the advantage of rapidity, in the character of its scar is much inferior to the later. Scraping is, after all, a destructive method, similar to, though milder than the older forms of treatment, as it mechanically removes the diseased material, whereas scarification is essentially conservative in its action. The incisions, by cutting off the blood-supply, modify the nutrition of the new growth, and lead to its atrophy with a minimum loss of substance. In addition, in the severe forms of lupus exedens, in which scraping fails, or even aggravates, scarification acts most rapidly and completely. A further though minor advantage is, that scraping, on account of the pain, requires an anæsthetic, which can be dispensed with in scarification."

Dr. Louis Elsberg, in the Medical Gazette, mentions a case of a man affected with chronic nasal catarrh, who was seized with the most violent fit of sneezing during every coitus. It would be interesting to know if after the doctor cured the catarrh the sneezing still persisted. We could give particulars of sneezing associated with sexual excitement where no evidence of catarrh can be found. The case referred to, however, does not seem to be so consistent as the one mentioned by Dr. E., as it only occurs occasionally, but often enough to be annoying.

Iodoform is so Valuable we are glad to hear of anything which will render it at the same time less disagreeable; the Polyclinic says: The peculiar odor of iodoform is found

to be well masked by the addition of attar of rose, one minim to the drachm, or of essence of rose geranium, three or four minims to the drachm. The clinic-room gets to smell like a florist's shop.

Professor Erb on the Etiology of Tabes Dorsalis.—In 1881, Professor Erb published his first series of 100 cases of tabes dorsalis, showing the frequency of previous syphilis in this disease. In 88 of these cases there had been previous syphilis, in 12 there had been none. Since that date, Fournier, in his work on "Locomotor Ataxia of Syphilitic Origin" (1882), gives the per centage of cases in which there had been previous syphilis as 93; Vogt, a former opponent of syphilitic tabes, in his latest statistics, gives the percentage as 81.4 (Medical Times). The Berliner Klinische Wochenschrift, No. 32 of this year, contains a paper by Erb giving a second series of 100 cases of tabes dorsalis. Out of this series,9 only of the cases had had no syphilis, while 91 had had previous syphilis. Of these 91 cases, 62 had undoubted secondary syphilis, 29 had primary sores, but no secondary symptoms were noticed. Of these 29 cases, 5 had true hard sores, 10 were treated with mercury and iodide of potassium, and in 14 the treatment and the nature of the sore are not noted. The tabes dorsalis manifested itself at the following periods after infection with syphilis: 13 cases occurred between the first and fifth years, 31 between the sixth and tenth, 25 between the eleventh and fifteenth, 15 between the sixteenth and twentieth; 5 between the twenty-first and twenty-fifth, 1 between the twenty-sixth and thirtieth, and in 1 case the period was unknown. Thus, 69 of the 71 cases occurred during the first fifteen years after infection, 15 in the period between fifteen and twenty years, and 6 still later. As a check observation Professor Erb ascertained that of 1500 patients who attended his clinic, who were not tabetic, 77.25 per cent. had never had syphilis, and that 22.75 per cent. had been infected. Of these latter, 10.25 had suffered from secondary symptoms, and 12.50 from chancres only. From these observations he concludes that syphilis is such an important factor in the etiology of tabes dorsalis that scarcely any one who has not had syphilis or a chancre has a chance of becoming tabetic. As to the other facts in the etiology of tabes (viz., heredity, catching cold, fatigue, sexual excess, and injury), he considers them of much less importance: of the 100 cases of the present series he gives in 36 cases syphilis as the only assignable cause, in 17 cases syphilis and cold, in 8 syphilis and fatigue, in 7 syphilis and excesses, in 2 syphilis and injury, in 15 syphilis, cold, and fatigue, in 4 syphilis, cold, and excesses, in 3 syphilis, fatigue and excesses, in 1 syphilis, excesses, and injury as the assignable causes, and in 3 cases of cold alone, in 2 cases fatigue alone, in 1 case excesses alone, and in 1 injury alone. Syphilis is thus the most frequent and important change of condition that favors the development of tabes, the other factors generally acting in company with syphilis. The frequent paralysis of ocular muscles, the affection of the pupils, the presence of symptoms pointing to syphilitic affections of the cerebral nervous system (viz., hemiplegia, apoplexy, epileptiform attacks, and frequent headache); the presence of syphilitic affections of the skin, the mucous membranes, and the bones; the fact that in cases of tabes occurring late in life the patients have usually acquired syphilis late in life (in one case the patient acquired syphilis at the age of forty-eight, and became tabetic at the unusually late age of fifty-eight; in another case the patient, who had acquired syphilis at the age of thirty-eight, became tabetic at fifty); the relative frequency of syphilis and tabes in men and women (being in each disease as ten to one), the relative frequency of tabes and syphilis in women of the lower classes, and the relative rarity of both in women of the higher classes, these facts Erb considers of great importance in assigning syphilis as the most important factor in the etiology of tabes. The occurrence of previous syphilis in tabetic women he considers not at all infrequent, for of 13 cases of tabes in women, 6 had a clear history of

syphilis, 4 had no history, and in 3 cases the history was doubtful. From these statistics Professor Erb holds that syphilis is one of the most important, if not the most important cause of the occurrence of tabes. That tabes is a specific disease, a late manifestation of syphilis, he does not consider to be proved, though he thinks it extremely probable.

THE FOLLOWING is the most rational explanation and treatment of premature baldness which has come under our notice. We take it from the Boston Med. and Surg. Journal. The Edinburgh Medical Journal reproduces from the Berliner klinische Wochenschrift (No. 16, 1883), the following note: O. Lassar has continued his observations on the nature of premature baldness, and has further convinced himself of the communicability of at least the form associated with dandruff. When the hairs which fall off in such cases are collected, rubbed up with vaseline, and the ointment so made is rubbed among the fur of rabbits or white mice, baldness rapidly makes itself visible on the parts so treated. That this is not due to the vaseline was shown by anointing other animals with the vaseline alone, which produced no effect whatever. He considers that the disease is spread by hairdressers, who employ combs and brushes to their customers, one after another. without any regular cleansing to these articles after each time they are used. During frequent visits to the hairdressers' it can scarcely fail that brushes are used which have been shortly before dressing the hair of one affected with so common a complaint as scaly baldness. Females, he thinks, are less often affected with this form of baldness, because the hairdresser more frequently attends to them at their own homes, and there uses their combs and brushes. In order to prevent, as far as possible, the commencement of alopecia prematura, the hair should be cut and dressed at home and with one's own implements, and these thoroughly clean. When it has begun, the following mode of treatment is suggested: The scalp is to be daily well soaped with tar or fluid glycerine potash soap, which is to be rubbed in for fifteen minutes firmly. The head is then to be drenched with, first, warm water, and then gradually colder water. A two per cent. corrosive sublimate lotion is next to be pretty freely applied. The head is then to be dried, and the roots of the hair are to have a one half per cent. solution of naphthol in spirit rubbed into them. Finally, a pomade of one and a half to two per cent. of carbolic or salicylic oil is to be used to the head. This treatment has now in many cases brought the disease not only to a stand, but the hair has been to a considerable extent restored.

THE FOLLOWING LANGUAGE is used by Dr. G. G. Budford (N. O. Med. and Surg. Jour.) in regard to the employment of alcohol in pneumonia: Give your patient plenty of alcoholic stimulants, varied as occasion demands. Give it with the food. Give it with the liquids imbibed. Give it at regular intervals, and in doses to suit the age of the patient. Give that form that you know contains a constant quantity of alcohol, and the most nourishment. Then, with proper hygienic surroundings, you come nearest following out the indications of nature, and gain the best possible results."

IN THE PROGRESS MEDICAL (No. 23) is described and figured a case of congenital malformation of the heart by Dr. Gilbert, of Havre (Med. Times), in which there was a prolongation, like the finger of a glove, of the left ventricle, through a deficiency of the anterior portion of the diaphragm, into the abdominal cavity, and so as actually to form a part of an umbilical hernia. The child died of pneumonia at ten months. The specimens were presented at a meeting of the Société de Biologie.

ON THE SUBJECT of blistering, Dr. Goodell says in the Philadelphia Med. Times: I always use the cantharidal collodion. I shall paint a blister in this instance three by four inches, putting on three or four layers, and then at once put over this a poultice. This is an almost painless way of raising a blister. I have never seen it produce strangury.

American Public Health Association.—The American Public Health Association will hold its eleventh annual session at Detroit, Michigan, commencing Tuesday, November 13, 1883, and ending Friday, November 16 (Medical Age). The subjects which have been chosen for special consideration at that time are: 1. Malaria.—Its etiology and the methods for its prevention in localities or in persons; its American history; its specific particles; its origin; the conditions of its pervasion; its laws of extension, etc. 2. Foods.—Their adulterations; healthy or deleterious modes of preservation, and the function of legislation in regard to them. Ascertained facts as to adulterations in this country. Facts as to canned goods, condensed milk, artificial butter and cheese, prepared meats, etc. 3. Vital Statistics.—Methods and results; defects apparent. How far foreign modes of tabulation are to be followed. Systems of collection and classification. Race vitality and the care of population as indicated by statistics. 4. The Control and Removal of all Decomposable Material from Households.—The mechanical laws, constructions and appliances relative thereto. The construction of all inside pipes and their connections, their traps, and siphonage, flushing, ventilation. How they shall be connected with out-door receptacles, and yet be free from ill effect. Methods and systems of physical education, drill, etc., feasible in the school-room, will be discussed. While papers of merit on other topics are by no means excluded, it is believed wise to concentrate the preparation of papers and discussion upon these topics. The Executive Committee insists that a synopsis of the papers to be offered, and statement of the time required for reading, be sent to the Secretary by October 15, and that the paper complete be in the hands of the Secretary at least three days before the meeting, having been sent by mail or express either to his office at Boston, or care of Dr. William Brodie, Detroit, Michigan, after November 9. The Executive Committee feels warranted in saying that the meeting promises to be one eminently inviting and profitable, and urges the attendance and co-operation of physicians, engineers, architects, teachers, and all those interested in the advancement of public health and physical well-being. Inquiries of a local character may be addressed to William Brodie, M.D., Chairman Local Committee, Detroit, Michigan.

The Medical Record in an article on the Preservation of Dead Bodies for Dissection and other purposes says: Finally, by far the most satisfactory results were obtained by following the method first described by Mr. Howse (Guy's Hospital Reports, vol. xvii., p. 465). This consists in injecting a saturated solution of arsenic followed up by the free use of glycerine, which latter Howse considers the preservative fluid, using the former for the purpose of preventing the generation of maggots and fungi. In making the preparation the glycerine is heated to boiling-point, when it will take up a large quantity of arsenic. One pound to a quart was found sufficient. About one quart and a half of the solution is first injected, and this injection should be made very soon after death. Then in twenty-four hours, one or two gallons of glycerine are used to complete the process. Twenty-two bodies, embalmed by this process, continued in a good state of preservation for twenty-seven days, and might have been kept longer. No maggots or flies appeared, no decomposition took place, the muscles preserved their red color, there was but little odor, and no dissecting-wounds occurred. Mr. Sibthorp believes that by this method dissecting can now be carried on as easily and comfortably in warm as in cold climates. The knowledge of this fact will be appreciated by many of our medical colleges where late spring or early autumn sessions are held. It will be seen that the above quotation says: "There was but little odor." We suppose that to mean in the dissecting room, which of course is a condition devoutly to be desired. We suggest the possibility of a chemical combination taking place here under the circumstances employed to dissolve the arsenic in the glycerine, and thus the compound would re-

semble the boro-glyceride said to have been patented. We understand that sugar has been used with success for similar purposes, but we should expect it to encourage the flies.

Forty Members of the Profession from different parts of the country responded, either in person or by letter, in acceptance of a call to meet September 25th, in the rooms of the Academy of Medicine, New York, for the purpose of forming a new national society. (Boston. Med. and Surg. Jour.) It was decided to name the organization "The American Climatological Association," and that the objects thereof should be the study of the Diseases of the Respiratory Organs, together with the influence of climate upon them. Drs. Tyndale, of New York, Bruen, of Philadelphia, and Garland, of Boston, were appointed a committee to draft a Constitution and By-laws to be submitted to the next meeting, and the same committee was appointed temporarily a Board of Censors. Drs. Garnett, of Washington, Donaldson, of Baltimore, Bosworth, of New York, Shurley, of Detroit, J. C. Wilson, of Philadelphia, were appointed a Committee of Arrangements for the annual meeting, which will be held in Washington either immediately before or after the next meeting of the American Medical Association. The following officers were then elected: President, A. L. Loomis, M.D., New York; 1st Vice-President, F. I. Knight, M.D., Boston; 2d Vice-President, W. H. Geddings, M.D., Aitkin, S. C.; Secretary and Treasurer, J. B. Walker, M.D., Philadelphia.

In a Paper published in the Bos. Med. and Surg. Journal, Dr. C. M. Seltzer says: Some articles of diet may be administered simply for their curative effect. A five-ounce cup of strong coffee contains about sixty-six grains of extract, or an equivalent of about two grains of caffeine—quite sufficient to relieve a neuralgia, or a headache and sick stomach after a dose of opium. Beef tea, made red-hot with red pepper, is the very best treatment for delirium tremens. A patient to whom I once administered such a dose, made so strong that I would not have dared to taste it myself, afterwards told me that it was the most refreshing and cooling drink he had ever taken. A London surgeon of the police told me that he had treated a hundred and fifty cases of delirium tremens with this remedy alone, and had not lost one. The use of chloral in these cases is criminal, and many a death certificate of "delirium tremens" ought to be "heart failure from chloral poisoning." Mucilaginous teas and drinks made from gelatine, isinglass, Irish moss, and flax seed are very soothing to any inflammation within the digestive track. Green vegetables are necessary to cure as well as to prevent scurvy. An old practitioner, who had spent his early professional life in the country, told me that when he first commenced practicing he used all the ordinary remedies in typhoid fever without any satisfactory results, until the introduction of turpentine by the late Prof. George B. Wood. In it he soon discovered a useful ally, not so much in the drug per se, but because convenience and time compelled him to use a thick flour gruel as a vehicle, and the patients were nourished sufficiently to live through the attack. In the science and art of preparing sick diet there is a most lamentable lack of knowledge, especially among physicians. They know the preparations by name, but not by nature, and the only way to learn the latter is to don the apron and take a practical course from a practical and scientific cook. Such a course was inaugurated last winter in this city and in Boston with a very satisfactory result. The prospect for this season in this city is, that the course will be very well attended. It is the only way to learn. I could read you receipts by the score, but it would be as useless as reading off that many medical formulæ.

Dr. C. H. Hughes writes to the Medical Times: A paragraph in the Medical Times of the 10th of February, 1883, referring to the ether spray in the cure of neuralgia, prompts me to call attention to the fact that ether lavements have been employed by me in all painful surface-affections for many years,

whether with or without inflammation, but mainly in neuralgic affection. In facial, sciatic, and cervical neuralgias, no remedy except galvanism has given me such signal satisfaction during the past ten years of my practice in neurology. These lavements will cure some cases of recent origin; they will relieve all. I use the ether douche, not the spray, and Dr. McLane Hamilton is in error in his reference to my treatment of the intense pain of cerebellar abscess by ether spray. In the case referred to, which I reported in 1877 (Journal of Mental and Nervous Diseases, October), I simply poured the ether on the head so copiously as to benumb all sensibility and restore a state of ease and mental tranquillity to a patient absolutely maddened with pain. The ether douche or lavement in trigeminal neuralgia is quite uncomfortable to many persons, on account of the unpleasant impression of the either on the nose and eyes; and when applied to the supra-orbital region, great care should be taken to keep the ether out of the eyes, by laying the head back and covering the eyes with a handkerchief. If the ether should get into the eyes, the patient should be cautioned not to rub them, but simply to sponge the eyes with cold water and wait patiently till the ether evaporates. The same is true in regard to ether getting in the ears. There is no need of a spray apparatus for ether. It should be used freely in quantities adequate to the effect desired. It should be poured on the part till relief is obtained. I apply it in this way to the motor regions of the head, and down the spine in general or unilateral chorea likewise. No better agent can be employed for cephalalgia and for acute muscular tremor, than the ether douche or lavement. Of late years I have heard of the ether spray, but the ether douche or lavement has been with me a most common and efficient agent in the local therapy of pain, especially superficial pain, for more than a decade, ranking with electricity, and better than mechanical vibration.

A Preparation of Arsenic and bromine, variously called arsenite of bromine and bromide of arsenic, is being used at present apparently with great satisfaction in cases of diabetes mellitus; without knowing the mode of preparation or its chemical formula, we should suppose that the first name, arsenite of bromine, would be the more correct term. One case in question is reported in the Boston Med. and Surg. Journal, translated from the German, and another case is reported by Dr. Thos. J. Gallaher in the Pittsburgh Med. Journal for October. Both cases are remarkable instances of success. In the first case the patient was so weak that he could with difficulty ascend the steps to the clinic. The treatment began February 15, 1882, and on May the 9th of the same year he was enrolled in the military service. In this case it is stated that the sugar, which amounted to from 171 to 411 grammes in the twenty-four hours, at the expiration of the treatment was entirely absent. The dose of the arsenic preparation used in this case was from three to six drops. In the case from the Pittsburgh Med. Journal the man had lost forty pounds of weight and was suffering from various other concomitant symptoms, and the quantity of urine passed in one period of twenty-four hours was two gallons and three pints. In this instance four drops of "Gilliford's solution of arsenite of bromine" was given four times a day. The treatment was begun on the 27th of August, and on the 1st of September, next month, in five days the urine was reduced to (96) ninety-six ounces, that is, in five days from 296 to 96 ounces. On the 3d of September it was reduced to 64 ounces, and on the 5th of September he left off taking the medicine and set off on a journey. On his return home a slight increase of urine appeared, but at the time of reporting, September 18, there was no trace of sugar.

F. Foord Caiger, of Thomas' Hospital, London, bears testimony in the Lancet to the value of ether subcutaneously in a case of collapse from post-partem hemorrhage. The amount used was one-half drachm, and the result was rapid and satisfactory.

In the Section of Surgery at the Annual Meeting of the British Medical Association, Edmund Owen read a paper on the treatment of large nævi. While admitting that often times large nævi can be best removed by the aid of the scalpel and forceps, he claimed there are certain locations in which such a mode of attack is not practicable. In such cases he recommends the thermo-cautery of Paquelin. He thus describes in the British Medical Journal his mode of procedure: Having been heated to a dull redness, the blade is thrust through the skin in as many places as may be considered necessary, and the point directed to all the regions of the vascular mass; central, deep and peripheral; each district must be searched out and invaded. The skin punctures should be made well within the limits of the tumor, as the effects of the cautery necessarily extend beyond the limit of the tissues actually traversed. By the slow and cautious withdrawal of the blade, the small eschars are permitted to remain, sealing the wounded vessels, and thus not a drop of blood need be lost. A few black sinuses, surrounded by a ring of skin which has been reddened by the scorching, remain after the operation, and the tumor is found smaller and firm from coagulation having taken place throughout the entire mass. Oiled lint may be used as a dressing. For the next few days the part looks angry and swollen, and is evidently painful. Then a slight amount of sloughing takes place, and, in a few days more, some small clean ulcers mark the dwindling mass. The ulcers heal, and cicatricial contraction, taking place throughout the entire mass, determines the process of shriveling. The integument does not perish, except where wounded; but it loses its old purple staining, from the obliteration of the vessels which formerly brought to it the unsightly injection. It is unnecessary here to particularize the various situations in which one has thus destroyed nævi; but I may perhaps remark that the most unequivocal succesess have been obtained with those tumors which occupied the entire substance of the lip (of which there were several examples); in these, by attacking the tissues deeply from the dental surfaces, one was enabled to reach their dermal limit without implicating the skin in the least. And, whereas the lip had previously protruded greatly, the subsequent cicatrization of the mucous membrane brought it into the natural position. A flat bleeding nævus, which occupied almost the entire extent of the mucous lining of the cheek of a grown girl, was treated in much the same manner, and was obliterated in a single operation; indeed, I am at a loss to know by what other means such a nævus could have been effectually dealt with.

Pity the Children who fall into the hands of some practitioners. Here are a couple of prescriptions, which, according to an author in the Philadelphia Med. Times, were given to Bertie B., a robust little child of twenty-two months. ℞. Potassii citratis, ʒss; ext. digitalis fl., ext. ipecac. fl., aa. m.v.; ext. aconiti fl., gtt. iii; tinct. opii camphoratæ, ʒvi; ext. glycyrrhizæ fl., ʒj; syrupi, aquæ, aa ℥ss. M. S. —A teaspoonful to be taken every two hours. Two days after it was substituted by the following: ℞. Elixir calisayæ, elixir ammnonii valerianatis, spt. ætheris nitrosi, aa ʒj; ext. belladonnæ fl., gt. j; ext. scillæ fl. m.v.; ext. glycerrhizæ fl., ʒi; ol. cajuputi, gt. j; syr. acaciæ, ℥j. M. S.—A teaspoonful every two hours. We should advise a homœopath to set up next door to the author.

—A Second-Year Medical Student, who devoted himself to the dissection of a defunct dude, was struck with the number of homologues which he discovered. It was now suggested that the dude is the long-sought-for missing link, the absence of which has always been the weak spot in the Darwinian theory.

—A Western Paper says: "Sam Weldon was shot last night in the rotunda by Henry Parsons." About the worst place a man can be shot, next to his heart, is in the rotunda. It invariably proves fatal.

CONTRIBUTIONS.

TREATMENT OF COMPOUND FRACTURES.

[Read before the Tri-State Medical Society at Indianapolis, Sept. 18, 1883.]

BY AP. MORGAN VANCE, M.D.

Gentlemen of Tri-State Society:

The diametrically opposing opinions held by different surgical authorities as to what is the best thing to do when called to a compound fracture, has always astonished me.

One makes a rule that all cases should be treated as open wounds; another, that all should be closed and the attempt made to bring about the condition of a simple fracture; a third, that the first should be supplemented by through drainage.

The hope that I may be able to strike a happy medium, and to hear from you a practical discussion of the points of treatment, is my excuse for presenting a so much discussed subject.

I exclude, of course, all complicated cases presenting marked indications for special treatment, confining myself to uncomplicated compound fractures of the lower extremities, though the same principles apply to condition elsewhere.

Being a sceptic on surgical rules in general, holding the opinion of a man on the field of more worth than all written opinions, I will offer a few points as suggestions only:

If we could know that every compound fracture we put up would be converted into a simple fracture, there would be no foundation for the "open dressing" and "through drainage theories," but we can never know absolutely when the formation of pus will or will not occur, or what course each special fracture may take. We do, however, know from experience, that some are converted from compound to the condition of a simple fracture.

We know also that the evidences of success or failure do not appear for three or four days.

After the wound is closed and the fixed dressing applied, is there any way to ascertain without increased danger to the patient, by waiting, if pus be formed? This is the question I wished discussed. My own practice is to dress compound fractures as I would simple fractures in the same location, using the fixed dressing (plaster of Paris) entirely, trusting to the thermometer to tell if the case will go through as a simple or compound fracture. I use no anti-septic dressing, expecting the blood to seal and protect the wound better than anything else.

Some absorbent substance should be used about the wound, oakum, or what is now better, absorbent cotton.

Some hemorrhage will almost always occur when re-action is established. This purges the wound, is absorbed by the cotton, and the wound heals under the scab, (cotton and blood.)

The temperature should be taken every three or four hours, till after the fourth or fifth day, and patient watched very carefully. Fever of 101½ to 102½° F. that cannot be otherwise accounted for indicates investigation, but we should not be too hasty in opening the dressing, especially if the rise of temperature occurs within the first forty-eight hours. In this case give mercurial, followed by quinia. Should it occur suddenly during the latter part of the third day, and up to the fifth or sixth day, open the dressing and give good drainage to the pus you will very surely find. In very hot weather, when the wound is large, and you may reasonably expect a failure in the attempt to successfully close it, the use of ice-bags, or better, the ice-coil, will increase the chances of success.

In cases where the bone has made the compound, greater success may be expected, as the opening is almost necessarily valvular.

The relation of several cases will illustrate the success of this plan with me:

Case I.—Sept. 5th, 1881; was called by Prof. Bodine to see L. C., æt. seven, a very delicate child, who in sliding down the balustrade fell from third to the first floor.

Found her three-quarters of an hour after fall, lying across the lap of her grand-mother. Superficial examination showed fracture of right thigh, blood on clothing indicating compound. Child suffered from shock, slight contusion on right temple. The little patient was carefully lifted to a dining table, chloroform administered, and clothing removed.

The fracture was found between the middle and upper third of the bone. Two openings made by upper fragment (which occupied one) just alike, one-half inch long, one-half inch apart. Considerable hemorrhage had taken place, and at each movement of the part bubbles of air appeared.

I made extension, moulding bone into position; placed limbs in hands of assistant to keep up extension; then applied my lips to both openings to exhaust by suction the wounds of air and start a free flow of blood. As my lips were removed absorbent cotton was applied, and the limb dressed in plaster extending from toes to umbilicus—the upper part of thigh and buttocks being well oiled to prevent the disagreeable effect of the urine upon the skin, the patient being a girl. The wound of head proved to be a disagreeable complication, causing an extensive hæmatonia which dissected up the scalp on that side, causing much more pain and trouble than did the broken bone.

Temperature in this case was taken every three hours. It remained about 99° in mouth, until morning of fifth day, when it rose to 101°. I attributed

this elevation to the head injury and did not touch the fracture dressing.

At the end of third week a second splint was applied. The sites of the openings looked like vaccination scars.

The case went on to recovery without further trouble, a perfect limb being the result. An incident occurred in this case, illustrating how careful a man should be to avoid "giving himself away" as the boys say. At the most critical part of this case the temperature was taken, the instrument being held in the mouth five minutes; when removed it registered 92° F. I was puzzled, but asking what the child had been eating, was told she had just taken a plate of ice-cream.

Case II.—March 2, 1882; called by Dr. Buckle to see H. F., æt. fifteen. A strong robust youth fell while playing see-saw, into an excavation, the heavy timber falling across his left leg, producing a compound fracture of both bones, three inches above ankle joint; clothing had not been touched when I saw him half an hour after fall.

He was chloroformed, and on removing shoe and sock, both matted with blood, a wound one inch long on face of tibia was found. The bleeding had ceased, and as sock was removed absorbent cotton was applied, plaster of Paris splint being immediately fitted. Temperature taken every four hours for four days, did not rise above 99° F.

Note made April 13th reads: "Dressing removed to-day. Result, perfection itself. Normal motion of ankle-joint."

Case III—December 11, 1882; was called by Prof. Holland to see colored man, D. L., æt. forty-one, hod-carrier, injured by a falling wall; twenty-five minutes after accident found him being lifted into a coal cart to be removed to his home at a distant part of the city. Saw at a glance that the man had a compound fracture of left leg. Stopped the moving and dressed the leg, the patient lying in cart. No anæsthetic was used, as by the time I got my dressing material ready, he was sufficiently relaxed from a large drink of whiskey administered immediately after accident. Expecting this splint to act as an emergency dressing only, I used ordinary cotton, but the man was so comfortable that I let it remain three weeks. When the second or final dressing was applied, no evidence of pus having formed was found, the wound, one and a half inches, being healed. He walked to my office, a mile, at the end of twelve weeks, and at end of sixteenth week was able to carry his hod.

Case IV.—F. B., æt. three and a half. Compound fractures of both thighs artificially produced while doing double osteotomy for correction of knock-knees; limb straightened, put in plaster, with oakum and cotton; no rise of temperature. Dressing changed twelfth day; wounds healed; child able to walk twenty-fifth day.

I will close with a few words to emphasize the point I wish to make. I believe with the aid of the thermometer we can, without risk to the patient, try to obtain the very great advantage of changing from a compound to a simple fracture.

If we fail in this effort it is still not too late to establish drainage.

LOUISVILLE, KY.

GLYCOSURIA AND MELANCHOLIA.

BY C. H. HUGHES, M.D., ST. LOUIS.

Notwithstanding the long recognized association of hæpatic and gastric disorders with melancholic forms of mental derangement, dependent often upon coexistent atonic conditions, it is only of late that a somewhat intimate relationship between them and glycosuria has been noted. In some of these cases the glycogenic function is undoubtedly markedly disturbed, sometimes coexistently, at others alternately with mental aberration, and more notably in connection with the depressed forms of mania, sufficiently often, it may be justly remarked, to justify an examination of the urine in all cases, especially of atonic melancholia, with a view to ascertaining whether or not the urine is surcharged with sugar. Enough of such cases have fallen under my own observation to excite the suspicion that others might have been found had I tested for saccharated urine during the different stages of the progress of mental depression, and during the precursory stage of approaching melancholia, and treated for melancholia. Two years ago, I saw in a northern state a gentleman of middle age, who after an unusual business strain became affected with diabetes mellitus. His physician was skilled and experienced, and found this condition existing. After several months of treatment, though the diabetes improved, his melancholia persisted and became aggravated. A course of treatment embracing cannabis indica, codia, arsenic, strychnia, and the hypophosphites, with some electricity and change of air and surroundings, caused both the melancholia and the glycosuria to disappear, the latter however had been most excessive when the melancholia was less. The gentleman visited me robust and well a year after, but is now again threatened with a return of the trouble.

Snell and Cotard as early as 1878, and Santos more recently (Annales Medica Psychologiques, 1880), and still later Madigan (Journal Nerv. and Ment. Diseases, April, 1883), have noted that insanity and diabetes alternate.

In the September 15th number of the Philadelphia Med. and Surg. Reporter, Dr. Turner reports a

case in which the disappearance of glycosuria was followed by fatal typhomania.

There are probably more of these cases than have been hitherto suspected, and the clinical lesson of the light thus far thrown upon the subject is to search for the definite relationship between glycosuria and states of marked mental depression and mania.

My own observation has only discovered this symptom associated with melancholia. Diabetes with melancholia may have prognostic significance.

And as to the treatment of glycosuria, it may be found that the best treatment for it is that which will restore nerve tone in melancholia. This is our experience when we have found this complicating symptom, for we have ignored the usual diabetic dietary, ordering generous living, giving preference however to sweet and butter milks, animal and vegetable soups.

The neurasthenic expression and neuratrophic condition of the nervous system justifies this plan of treatment in atonic melancholia, with or without glycosuria, and the depressed condition of the involuntary nerve mechanism in certain of these cases is an organic justification for the existence of disordered hepatic function. And it is for this reason also that we sometimes do not search in vain for albumen as well as sugar in the urine of melancholics, even of such as recover.

The bromide of potassium as advised by Begbie, was not used in my cases of diabetes and melancholia, but the ammonium bromide, elixir valerianate of ammonia and chloral at night only—the former and latter in thirty grain doses, to induce sleep when necessary.

Without entering at this time into discussion as to the existence of a diabetic center in the medulla, I am satisfied from all the clinical phenomena and the results of treatment that there is an intimate relationship between nervous depression and glycosuria. The influence of agencies that conserve, recuperate and tranquilize the nervous energies tend to prove this, such as the bromides, chloral, opium and galvanism, the latter especially when applied to the occipital regions, though I have been better satisfied by a descending cerebral current from the cortex down through the medulla, thence to the dorsal spine and through the liver, not omitting a gentle systemic seance. The trouble in uncomplicated diabetes melitus may or may not be in the floor of the fourth ventricle. It is certainly no proof that it is always there that a puncture of this ventricle will excite glycosuria in inferior animals. My conviction is that its source is hepatic, but behind that nervous, and that neurotic tranquilization, tonicity and reconstruction are the indications, and that codia and electricity are the best special therapeutics of the trouble, with such other neurotic auxiliaries as the deranged nervous states mentioned may demand.

RAPID LITHOTRITY.

BY DR. HENRY H. MUDD, ST. LOUIS, MO.

[Read before the Tri-State Medical Society at Indianapolis, Sept. 19, 1883.]

It is not my object to review the history of the various operative procedures for the removal of stone, but to inquire concerning the best method of treating such cases as may be presented to us at the present time.

Lithotomy and lithotrity have brought to surgeons much repute and honor, but unfortunately the very causes that have surrounded the operators with renown have tended to develop in the laity a profound dread of the operation, hence we not infrequently meet with patients who vainly hope to escape the surgeon's attention.

Such cases illustrate the tolerance of the bladder and the power of hygienic care and lithontriptics to mitigate suffering and prolong life.

Rest, diet, habit of body, and prompt treatment of the recurring so-called "attacks of stone," go far toward rendering endurable the suffering of these timid patients, who shrink from one of the safest and most gratifying operations in the province of surgery.

Solvents are of course for internal administration, and will aid at least in keeping the bladder in the best possible condition while subject to the irritant action of a foreign body, and may in some cases diminish the size of the stone.

Pure water in large quantity is the most potent solvent of urinary calculi. If the calculus is of uric acid, the lithia, or potash salts, are an aid to the solvent action of the water. Benzoic acid, or some of its congeners, are more suitable if the calculus is phosphatic.

Injections into the bladder, given with a view of dissolving stone, have now nothing to commend them, for they demand as much and as severe mechanical treatment as the more prompt and efficient "rapid lithotrity." They have no redeeming feature to justify their use. In illustration of the influence of such cure, and of the tolerance of the bladder to such irritation, I append brief histories of the two following cases:

B. L., a German, aged thirty years, sustained a compound comminuted fracture of both legs in 1870. He made a slow but good recovery. In 1872, in consequence of long confinement and suppuration, he suffered from lithiasis and passed a number of small stones. His bladder has since continued to give him trouble. In 1879, I sounded for stone and found one the size of a large walnut. He would not submit to an operation and tried various

domestic remedies with the view of dissolving the stone, oak bark, rosemary, columbine, etc., etc. He was a grocer, but retired from business to care for himself. So successful was he that he wished to resume business at the end of two years, and, with bladder less irritable, and general health much improved, he is now at work and lives in comparative comfort, although he still carries his stone.

In another case in which the stone, when finally removed by Dr. Hodgen, weighed twenty-two ounces, the patient had carried it for many years, yet was able to attend to business until within a few weeks of death, having carried a daily mail a distance of twelve miles and return.

In a discussion provoked by a paper presented by Sir Henry Thompson to the Royal Medico Chirurgical Society, in March, 1878, the province of lithotrity was in a manner defined and its limits somewhat rigidly outlined by its opponents, while its advocates admitted its usefulness to be restricted, and applicable only to carefully selected and favorable cases.

In January, 1878, in the American Journal of Medical Science, there appeared an article by Henry J. Bigelow, of Boston, announcing his discovery of the tolerance of the bladder to prolonged instrumentation, demonstrating the feasibility of using large evacuating tubes, and defining the principles of litholapaxy, or, "rapid lithotrity." I had been accustomed to see such good results from lithotomy in the practice of my associate, Dr. Hodgen, that I thought there was little to be desired in the way of improvement on the lateral operation. I had learned to regard it as one of the safest and most uniformly successful of the so-called capital operations. It was only when Bigelow's paper appeared that my attention, in common with that of the majority of surgeons, was turned with renewed interest to lithotrity, an operation which was supposed to have found its limit in the restricted province defined by carefully selected cases in the hands of few surgeons.

Lithotrity (where no single sitting was for more than five minutes) was limited to the removal of small stones of the size of a chestnut, possibly one ounce in weight, occurring in adult males, where cystitis was slight, where the patient was able to bide his time and wait for the slow subsidence of the inflammatory action produced by the sharp fragments resulting from a short sitting and the timidity of the surgeon's action. This operation, where the patient was forced to take the chance of being able to pass the fragments through the unprotected urethra, was suddenly developed into the vastly improved and widely useful operation of "rapid lithotrity" or litholapaxy.

Rapid lithotrity has revolutionized the treatment of stone in the bladder, for the author grasped in its widest significance the fact that prolonged instrumentation (an hour or two hours, not five or ten minutes) was less harmful than the continued presence of ragged, sharp foreign bodies in the bladder—the fragments of a partially crushed stone. He pushed his thought to its legitimate conclusion, and demonstrated that it was safe to crush large stones if the fragments were immediately removed.

He supplemented this discovery by using large evacuating tubes, so large that it was no longer necessary to pulverize the stone. Complete evacuation, even if obtained at the expense of two or more hours continuous work, is preferable to an incomplete operation, no matter how carefully it may have been done. Rapid lithotrity has left but few patients over sixteen years of age for lithotomy, and it may be that much younger patients may with propriety be subjected to this operation. The age of the patient should impose a limit only where the bladder or urethra is deficient in size, and this deficiency will, I think, be harder to overcome in the urethra than in the bladder, for the bladder of a child three and a half years old, when moderately distended, will hold about three and a half or four ounces, sufficient to give room for the use of a small lithotrite. Youngest patient on whom I have made lithotrity was in his fifteenth year, but I believe that we shall find that much younger patients are amenable to this operation. The proportion of cases fitted for lithotrity will vary in the hands of different operators. Out of nine successive cases coming under my observation during the past fifteen months, only two in my judgment demanded lithotomy. The oldest patient subjected to lithotrity was sixty-two years of age. The largest stone weighed 720 grains.

There are but few essential conditions necessary to make success probable, presuming ordinary manual dexterity in the operator, and care and moderate practice in the use of instruments.

We need first, a free urethra; second, a bladder capable of moderate distension—sufficient to make room for the free movements of the lithotrite. The first condition may be made evident very generally by the operation of sounding; the second, I think, is not quite so readily determined.

In the fall of '79 I made some experiments concerning the amount of pressure necessary to distend the bladder in the cadaver, and reported them to the State Medical Association in 1880, at Carthage, Mo. A bladder may be generally thickened, or it may be thin and weak at certain points of dilatation. How are we to know the very essential fact that the bladder is regular in outline, normal in its distensibility, and with walls not so seriously diseased as to make unsafe the requisite distention and manipulation for litholapaxy. Any change in the structure of the bladder-wall by inflammatory

thickening, by ulceration or by sacculation would almost certainly interfere with its distensibility, except in the abnormal dilatation of the bladder, which is associated with retention, a condition not often accompanying stone. Dr. Harry Hodgen, now assistant physician at the City Hospital, made some experiments on the cadaver during August, 1883, to determine the force necessary to inject six and eight ounces in the normal bladder. I think these experiments fairly show the slight force required to inject the living healthy bladder, when the patient is under the influence of anæsthetics.

In a series of fifteen consecutive experiments on the cadaver, it was found that the average pressure required to inject through a catheter and rubber tube six ounces, was represented by a column of water 12.8 inches in height from the level of the table on which the body lay. The extremes of pressure required were represented by columns of water respectively six inches and twenty-seven inches in height from the level of the table on which the body lay.

In a series of fourteen consecutive experiments, it was found that to inject eight ounces required an average pressure represented by a column of water 15.2 inches in height from the level of the table on which the body lay.

More pressure than this is unnecessary, and if required should be regarded at least as a note warning, which if heeded may save the patient's life. Lithotritists have recognized the possible danger of rupture of the distended bladder, by the violent muscular contractions of vomiting; so it may, when diseased be ruptured by forcible injection.

Surely in an operation of so much importance, too much care and attention cannot be exercised in the discovering of possible danger from pathological changes in the wall of the bladder.

Little else beside free working room is required. Capability of the bladder to hold six ounces of fluid without undue distention, is the one prime factor always necessary to a safe lithotrity. In many cases this can be determined only after full anæsthesia is established, by injecting with this very slight pressure the quantity desired. The column of water 12.80 or 15.2 inches high would represent a pressure greater by at least six inches in height of column than should be used, for the pubes which is a guide to the position of the bladder is near six inches above the level of the table.

There may be serious changes in the bladder that will be difficult or impossible to definitely determine before operation, but a constant remembrance of the very slight pressure necessary to distend a normal bladder, when muscular resistance is absent, will prevent disaster by the use of any undue pressure in injecting the bladder, and compel the surgeon to abandon lithotrity for the then safer lithotomy.

The details of the operation are well described in the many articles that have appeared in our journals. All call attention to many minor details of great practical importance. Some profit may be gained by considering the causes of death in lithotomy, as shown in the case book of Dr. Hodgen and myself. Some of these sources of danger will not pertain to lithotrity.

Our case book gives a record of (85) eighty-five lithotomies, of which (80) eighty were made by the late Dr. John T. Hodgen, and (5) five by myself. Three of these were secondary operations made on children under the age of puberty for the recurrence of stone. In one of these vesico-rectal fistula remained. It first followed an operation by Dr. Chas. A. Pope, and remained after secondary operation by Dr. Hodgen.

Deaths occurred in (12) twelve cases, of which (4) four are properly chargeable, not to the operation, but to conditions which would have resulted fatally under any operative procedure or without any interference. Of these (4) four cases one died of chloroform in 1869; two others, aged respectively 64 and 62 years, one with thirty-five stones, the other with twenty-one stones, died of uræmia, while the fourth, aged 21, died of hæmatemesis. Of the remaining (8) eight, three died of peritonitis, one of cellulitis, one of pyæmia, and three of uræmia, conditions which may supervene after either operation, but pyæmia, cellulitis and peritonitis are not so likely to result from lithotrity as they are to follow lithotomy.

Considering only adult patients, we may fairly eliminate from the list of dangers attending rapid lithotrity phlebitis, erysipelas, and pelvic cellulitis, while acute peritonitis will occur only in case great injury is done to the bladder by more or less complete rupture.

Anæsthesia is an essential part of rapid lithotrity, where the operation is prolonged, and the danger from this agent is greater than in lithotomy, because the time for its influence is prolonged and the impression demanded no less profound.

Cystitis is more likely to follow lithotrity, since drainage is not so perfect or continuous as in lithotomy, and the bladder is not left in a condition to be at as perfect rest as after lithotomy. Cystitis is much less likely to follow the modern lithotrity than it was to remain after the operation as performed before Bigelow's advance. Cystitis is however sometimes well treated by the incision as made for a lateral lithotomy.

In the absence of ulceration the absorption of decomposing urine is less apt to occur than in lithotomy, where the prostatic urethra is cut and bruised and the cellular tissue exposed.

Hæmorrhage is less liklely to be troublesome, and it is hardly possible that it should be dangerous in its results. The greatest danger would be in the distress occasioned by its coagulation in, and distention of the bladder, but we have at hand the evacuating tube and bulb of Bigelow, which are most efficient and safe in their action. I have repeatedly cleansed the bladder of clotted blood by their use, in cases of hæmorrhage from an hypertrophied prostate.

Pyelitis and suppression of urine are not likely to follow in either case, unless there is serious disease of the kidney, and in this case the less severe operation without cut or abrasion, as in rapid lithotrity, is not so likely to provoke disturbance as the more severe operation lithotomy.

Urinary infiltration and abscess occasionally occur in lithotomy, but not in rapid lithotrity, for there is no laceration of the urethra by passing fragments, nor is there a cut in membreno-prostate urethra.

Again, the shock from lithotrity, except it results from prolonged anæsthetics, is not likely to be more severe than from the passage of a large stone, and is much less severe than from lithotomy, and when suppression of urine results, it comes, I suspect, from this anæsthesis rather than from the manipulation of the operation.

The period of confinement and restraint in the sick-room is lessened by at least three-fourths. I have had patients at their work in three days after lithotrity.

The recurrence of stone after the modern rapid lithotrity will, I venture to assert, be much less frequent than after the *old* lithotrity, and not more frequent than after lithotomy, for I suspect it is very rare that any considerable fragment will remain in the bladder; since one of the most efficient means of sounding for small stones, stones that are apt to escape the ordinary sound, by reason of their small size, or by concealment in pockets, or folds of the bladder, is found in the use of the evacuating tube and bulb, after moderately filling the bladder with water. The fragment, unless so small as to be represented by the merest grain, adherent to the soft and vascular surface of the bladder, will be dislodged from its pocket by the distention of the bladder and the current of water, and when drawn into the tube and bulb will carry the stone against the tube with an audible click, or into the bulb—thus making the exploratory operation one of radical relief.

American surgeons may well be proud to boast that one of their number possessed the boldness and discrimination to demonstrate the feasibility of rapid lithotrity, and to popularize the operation; for it is one of the greatest advances of modern surgery.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Oct. 13, 1883.

The Vice-president, Dr. Dudley, in the chair.

Dr. Williams presented a specimen of nasal polypus. Last spring a gentleman called to see him who had the left side of his nose filled with a tumor. It was a growth of a bluish-white color. A large number of blood-vessels were scattered over the surface. The tumor became so troublesome that he could not sleep. It was not visible through the mouth. A portion of the tumor was removed with forceps and the surface touched with chromic acid. When sufficiently reduced the pedicle became visible. A large part of the tumor was so tough that the teeth of the forceps cut through. In other parts, as soon as the walls were broken, a gush of yellowish watery fluid escaped and the tumors would collapse. The pedicle was attached to the extreme posterior end of the turbinated bone. The tumor consisted of one large mass, to which was added a number of rudimentary tumors. Dr. F. L. James examined the larger tumor microscopically and reported it to be a fibrous tumor, with numerous bloodvessels running through it.

Dr. Watkins recently observed two cases of interest, of peculiar symptoms occurring in pregnant women. The first was a young woman, aged 20, in her first pregnancy. When in the sixth month of gestation she began sleeping nineteen to twenty hours a day, being otherwise in perfect health. This condition lasted about six weeks and then disappeared as suddenly as it had appeared. The other case is also a young woman, aged 19, in her first pregnancy. She is about three months gone and is troubled with an intense salivation. She is constantly spitting. In every other respect she is in perfect health. A number of authorities speak of this symptom, but none mention a case of such severity as the present one. All efforts to prevent or check this salivation have proven fruitless.

NINTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ILLINOIS, INDIANA AND KENTUCKY.

Held in English's Hall, Indianapolis, Ind., Sept. 18, 19 and 20, 1883.

[SECOND DAY, EVENING SESSION, CONTINUED.]

The following was announced as the Committee on Nominations:

Dr. Linsk, Ind; Dr. Rauch, Ills; Dr. Reynolds, Ky; Dr. Thrasher, Ohio; Dr. Borck, Mo.

Dr. Charlton read an obituary on Dr. J. W. Gerrish, of Charlton, Ind., one of the originators of

the Society, who was born in Monmouth, Me., February 12, 1831, and died August 4, 1883, of organic disease of the heart.

Dr. G. C. Smyth, of Greencastle, Ind., read a paper on the Antipyretic Treatment of Typhoid Fever.

The remarks of the paper were confined to the antipyretic treatment of typhoid fever. In this disease death may result from a variety of causes. The lesions are primary and secondary. The first includes hyperæmia of the intestine, sloughing and ulceration of the glands; the changes in the mesenteric glands and spleen, etc., are specific lesions of typhoid fever. Death may take place from these structural changes, perforation, hemorrhage being only a small per centage—less than six per cent, and two per cent. die of perforation of the bowel, the entire mortality from the primary lesions being about three per cent.

The secondary lesions cause a heavy mortality. They may occur in any disease, consisting of congestion, inflammation and degeneration of important organs; or the elevation of temperature may cause paralysis of the heart, lungs or brain; or indirectly by pathological changes in organs through a permanent elevation of temperature. Delirium, muttering, sordes, subsultus tendinum, etc., are the effects of a long continued elevation of temperature. The circulation is poisoned by detritus, and this group of symptoms is found in all diseases where there is a persistent elevation of temperature.

The mortality varies in different epidemics and in different countries.

The etiology of the disease is imperfectly understood. The probable causes are the same as those of all infectious diseases said to be due to low organisms.

There is excessive heat production and deficient heat elimination; thees form the factors, and to accomplish the best results by antipyretic treatment it should be commenced early. In the application of cold water we use an agent of great power and it should be used with care. It is essential to be governed largely by the clinical thermometer. Heat may be abstracted by affusion, immersion or the wet pack. Affusion is the most unpleasant but the most effective. The graduated bath of Von Ziemssen is the best; there is less shock. The effect is to lower the temperature, pulse and respiration. In two or three hours the temperature is as high as before and the bath is repeated as long and as often as it approaches the dangerous point. It must be looked to by a physician. It may require twelve or more baths a day in the beginning and this has a prognostic bearing. Quinia is the best remedy for lowering the temperature in hyperpyretic conditions. There is little or no good in small doses, however, and it is folly to give it in the morning for evening exacerbations. One full dose of twenty-five to fifty grains in the early evening will diminish the next morning's heat. Liebermeister gave forty grains at a dose ten thousand times. I have given it fifteen hundred times with no unpleasant effects, giving as high as seventy-two grains sometimes. The application of cold water simply abstracts heat and the remission is much shorter than by the action of quinine. If continued too long it may become dangerous as it arrests molecular changes. It ought to be given every alternate day, then cease for three or four days. Begin with twenty-five to thirty gains at a dose and increase if necessary. Where this treatment is begun early none other is needed. Treatment should begin with calomel as a cathartic; it should not be administered when the typhoid condition has started. When quinia and baths do no good, precede with digitalis or veratrum; these should not be given in the latter weeks of typhoid fever.

DISCUSSION.

Dr. Dudley Reynolds said that when Bernard, of Lyons, published his cases, they included all kinds of continued fever. Jaccoud showed well prepared and honest statistics, and found that the treatment by the cold bath was not so successful in large numbers in hospitals as the use of alcohol, quinine, and salicylic acid. He prefers to select cases for the bath.

Dr. Hibberd said that quinia and water had not acted satisfactorily with him, although he did not have much experience. He was not prepared to say that it is not the heat itself which produces danger; but he believed that the condition which produces the heat brought danger to the patient.

Dr. Haughton said, that in fever, waste is represented by something which is found in the excreta which amount to the waste.

Dr. Brayton had typhoid fever himself and has paralysis of the feet in consequence. The treatment was by the application of water together with quinine and salicylic acid, of each of which he took over one thousand grains.

Dr. Byrd remarked that there is a class of cases in which it is injudicious to use water—where rest is required. He had a patient, and sat by his bedside giving him quinine and laying ice-bags along the carotids, and when the temperature was 99.5° he stopped; when it rose to 101° he reapplied them, and he found this an admirable way of cooling.

Dr. Eastman said that he was sure of stopping the typhoid pneumonia in nineteen cases out of twenty. He wished some modern Belshazzar could write upon the walls: "Prolonged high temperature kills," and physicians would not hesitate to use quinine.

At this juncture the Committee on Nominations reported the following officers for 1884:

President, Dr. B. M. Griffith, Ill.; Vice-Presidents, Dr. J. M. Mathews, Ky., Dr. C. G. Commegys, Cin., Dr. J. Link, Ind.; Secretary, Dr. G. W. Burton, Mitchell, Ind.; Treasurer, Dr. F. W. Beard.

The next place of meeting to be Springfield, Ill.

Chairman of Committee of Arrangements, Dr. F. L. Mathews, of Springfield; Chairman of Committee on Programme, Dr. C. D. Pearson, of Indianapolis.

The report was received and the nominees declared elected.

Dr. Dudley S. Reynolds, of Louisville, Ky., read a paper on Opacities of the Cornea.

DISCUSSION.

Dr. M. H. Post was glad that the discovery of this mode of treatment was made. Prof. Snellen had called attention to the inflammatory action brought on by tattooing; but he did not apply it to the removal of opacities of the cornea.

Dr. J. L. Thompson had some cases of tattooing which were not very satisfactory. Being done in delicate subjects, exfoliation of the cornea took place. Would the doctor promise a good result in a case which presented?

Dr. Post wished to know whether the subject was to obtain a slough or merely an inflammation?

Dr. Reynolds said that interstitial opacities were generally of a tuberculous or syphilitic origin, excepting traumatisms. Where the pupil is obscured in a robust individual he would promise great improvement.

Fistula in Ano was the title of a paper read by Dr. J. W. Mathews, of Louisville, Ky.

Outside of traumatism all fistulæ in ano begin in abscess; the location of these abscesses varies. Scofula and tuberculosis are often attended by fistula. The causes may be divided into traumatic and idiopathic.

No one would say that a sinus with a cartilaginous wall healed in the same way as a recent one. The substance beneath is sometimes hard on account of plastic material and nothing but a new injury can work a change. The essential feature of treatment is to open early. Allingham is explicit and says to open from end to end, wash out and fill up. Acting on this I devised a plan several years ago to overcome the restless sphincter. Divulse it in the treatment of abscess, giving an anæsthetic and keeping the patient in bed; the abscess is freely opened and the sphincter gradually.

In the treatment of fistula four methods are practiced:

1. Injecting the sinus. 2. The simple ligature. 3. The elastic ligature. 4. The knife.

1. Injecting the sinus is not much used except externally by empirics, who thus close the external opening, a new sinus forming.

2. The silk ligature is almost discarded. In cases where a diathesis exists it is of use.

3. Much has been written of the elastic ligature. It possesses many advantages, but that it can supplant all other methods is not true. It produces no hemorrhage; it can be used without chloroform, but it is not painless.

4. The knife is the best; it has the advantages of all the others and some of its own. I never used any other method in which I did not wish I had used the knife instead.

DISCUSSION.

Dr. Byrd remarked that he had used dilatation since 1867. The author forgot to mention among the methods given, the thermo-cautery, which he thinks the best instrument. An anæsthetic is very necessary in operations for fistula.

Dr. Geo. J. Cook, of Indianapolis, read a paper on Diseases of the Upper Part of the Rectum.

In the anatomy the rectum is divided into three parts, the upper, the middle, and the lower. One division is at the sacrum, and another at the tip of the coccyx. There is no use for this. It is better to make two parts and take the lower border of the peritoneum as the dividing line. The upper part thus defined may be found as near to the anus as two inches or as far away as five.

Disease in the upper rectum is comparatively rare. It requires a morbid process to continue a long time to form a stricture. The sigmoid flexure is a reservoir, and if a hard mass of fæces be forced through the narrow part it may lacerate and produce inflammation.

I have treated a number of cases; almost all being affected with chronic constipation, with frequent attacks of colic and pain in the abdomen after going to sleep. There is passage of mucus with blood alone, and diarrhœa or dysentery, at times. Pain in the loins and back or the thighs is frequent. In the female it simulates uterine irritation. There is never an excess of mucus unless there be some inflammation. If mixed with fæces it is in the sigmoid flexure or higher up. When the inflammation has existed a length of time the membrane is thickened and becomes a hindrance. We can understand how such cases are diagnosed as strictures. Constipation alone cannot produce these symptoms; but it can cause inflammation and this will produce them. If a patient passes mucus continually from the rectum, it deserves the physician's attention.

The question as to whether inflammation of the upper rectum can end in organic stricture seemed to be affirmed by a case in point.

Dr. Eastman, of Indianapolis, presented an instrument for the removal of cicatricial tissue in laceration of the cervix uteri. The society then adjourned to meet Wednesday.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Eve., September 13, 1883.

The President, Dr. Tyson, in the Chair.

SPECIMEN OF VERY LARGE ULCER OF THE STOMACH, WITH UNUSUAL FEATURES. Presented by Charles W. Dulles, M.D.

The specimen which I have to show you came from the body of a patient of Dr. Edward L. Anderson, who had had Dr. J. H. Musser to see her in consultation during life, and who asked my assistance in making the *post-mortem* examination because of Dr. Musser's temporary absence from the city. To the clinical notes of Dr. Anderson, and my notes of the autopsy, Dr. Musser can no doubt add his own impressions of the case, which has appeared to me to be of singular interest and instructiveness.

The following are Dr. Anderson's notes:—

Mrs. M., aged thirty-five years; her husband living. The mother of five children, one of whom died of stricture of the pyloric, or cardiac end of the stomach. Both her parents died before their 50th year.

May 12, 1883, at my first visit, she was confined to her bed, and stated that since the birth of her last child she had not been well, having more or less dyspepsia and growing steadily worse for the last six months. She complained of a constant burning pain in the region of the stomach, which nothing seemed to relieve. She vomited daily, sometimes immediately after a meal, but oftener not until evening, when it seemed to her all the food she had taken during the day would be ejected. The matter vomited was intensely sour, dark and frothy, having the appearance of yeast. There was always pain after vomiting, and at all times irregular pains over the abdomen. She was anæmic, emaciated and had a weak but regular pulse. Upon physical exploration I could find no tumor. Her heart and lungs were normal, and, as I afterwards heard, the urine likewise. The abdomen was resonant. She was placed on a milk diet, with pepsin and ten drops of sulphurous acid every three hours. She took two quarts of milk daily and did not vomit until the 22nd of May—a period of ten days. On this day she vomited but a small quantity of food.

May 23rd, the period of her menstruation (though not menstruating from April until the time of her death), she ate, on her own responsibility, a fritter for supper. This indiscretion brought on an attack of vomiting, and sufficient prostration to cause considerable alarm to her family and cause them to send for me. I found her much exhausted, only able to speak in monosyllables, with a pulse of 104, and respiration 40. She complained of intense, burning pain in the stomach. External heat and sulphurous acid internally gave relief. This was the first time I was able to see the vomited matter, and I found it to be digested blood, about two quarts in amount. Dr. J. H. Musser kindly examined the material microscopically and found blood corpuscles, pus globules and epithelial cells. I was told she had vomited similar material prior to my first visit. The vomiting was repeated on May 25, 26, 27 and 28, and several times there were free hemorrhages. She was treated with bismuth and carbolic acid, with enemata of milk, whiskey and eggs, and inunctions of cod liver oil. Hemorrhage occurred again on June 6, 7, and 8. On June 10, Dr. J. H. Musser saw the case in consultation. He thought he detected a tumor. We came to no positive diagnosis, but wavered between carcinoma and ulcer. It was only when the patient was placed in the knee-elbow position that a tumor could be felt, and this a little to the right of the median line. The treatment was changed to one drop of hamamelis every twenty minutes, and a pill containing one-fourth of a grain of oxide of silver three times daily. June 17 and 18, hemorrhages again occurred, but from this time until her death, about six weeks later, there were no more hemorrhages, little inclination to vomit and very little pain. This was notwithstanding the fact that I have reason to believe that, for about a month before her death, she paid no particular attention to her diet, while the only part of the treatment carried out was the taking of the oxide of silver pill. About three weeks before her death a troublesome cough set in, but it was easily controlled by opium. Her death followed a large meal and free draughts of coffee and water. The act of death was quiet and gradual, entirely unaccompanied by pain or alarm.

The notes of the autopsy are as follows:—

September 2, 1883. Body of Mrs. M., aged thirty-five, three hours after death, rigor mortis absent, body much emaciated, right hand puffy with œdema, bruise over middle of right shin. Examination of thorax, abdomen and pelvis.

There was no fluid in either pleural cavity. Both lungs were attached at the upper part to the parietal pleura by adhesions which broke down easily. The upper lobe of each lung was frothy, well solidified with chronic catarrhal deposits, quite soft. In each upper lobe there was a cavity. That in the right lung was as large as a hen's egg, that in the left about the size of a pigeon's egg. Both were ragged and contained dirty, grayish detritus. The

lower lobes of both lungs contained a number of small nodules of caseous degeneration.

The heart was very small and firm, and about the size of a goose-egg. Its valves were normal, and it contained but a small quantity of fluid blood in its right cavity.

The abdomen contained about a third of a pint of slightly turbid serous fluid. There was not the slightest injection of the peritoneum anywhere, nor any other evidence of peritonitis. The pelvic organs were all normal in appearance, except the uterus, which, though of normal size, was in a state of marked retro-flexion. The bladder contained about two fluid ounces of urine. There was no omental apron. The liver was of normal size and appearance. The gall-bladder was normal in appearance and contained about half a fluid-ounce of saffron-colored bile, but no gall-stones. The spleen was normal. The kidneys were of normal size, rather hard, their capsules adherent, their surface a little granular. On section their cortex was found somewhat diminished. The suprarenal capsules were very tough, the right more so than the left. The pancreas was of normal appearance at its left end, but at its right it was attached to the stomach and was decidedly indurated. Here it was imbedded in a quantity of delicate adhesive bands, which united into a bundle its own duct, the end of the ductus communis choledochus and the pyloric end of the stomach. The intestines were collapsed and empty, except the duodenum, which contained a small quantity of thick, bile-stained chyme.

The stomach itself presented the features of the greatest interest. It was much enlarged by dilatation, its walls were thin and pale, its vessels along the greater curvature much enlarged and full of dark blood. It occupied a slanting position from above downwards and from left to right. It contained about *two quarts* of grumous, sour smelling, fluid ingesta, and with this it was not nearly filled. At the upper part of the pyloric entrance it bore a firm puckered induration, looking like a cicatrix about two-thirds of an inch in diameter. Close by this was a large ulcer about two and a half inches long, and over an inch wide, with indurated, thickened and in part perpendicular edges. This ulcer passed through all the coats of the stomach. Nevertheless the large quantity of fluid contents of this viscus had not escaped from its cavity, because the ulcerated part of the stomach was applied against the adjacent pancreas and attached to it by adhesions. This attachment, however, was entirely delicate and would not bear the gentlest handling. It gave way while the viscera were still in the abdomen, upon an attempt being made to lift the pancreas up while the stomach was held aside. This disclosed what seemed to be a loose connective tissue mesh beneath the stomach and pancreas, in which a small quantity of the ingesta was found.

The pyloric orifice of the stomach was at the edge of the induration surrounding the ulcer, and it was so contracted as to barely admit the passage of a grooved director through it.

CORRESPONDENCE.

MR. EDITOR:

In the issue of your journal for October 6, I notice the following statement:

Dr. T. Gaillard Thomas says in answer to a question by one of his clinical class: There is undoubtedly great danger of propagating cancer by sexual intercourse, and repeated instances of cancer of the penis being contracted in this way are on record. The slightest abrasion of the penis may be sufficient for the absorption of virus from the malignant growth, and the husbands of women suffering from cancer of the uterus should, therefore, always be warned against intercourse with their wives. This, as you see, is a matter of very considerable importance, and I am glad that the point has been suggested.

If in the heat of a clinical lecture I should have stated the matter so strongly, I desire to modify my assertions, for I cannot sustain them, either from personal experience or a knowledge of the experience of others.

I have met with but one case of cancer of the penis which I thought had this origin, and I have not at my disposal evidence of the frequency of this disease after such exposure in the practice of others. I always guard husbands from exposing themselves to the danger of sexual intercourse where uterine cancer exists, and from *a priori* reasoning should look upon the danger of infection where an abrasion existed near the frenum as one which should be always guarded against.

Very truly, yours, T. G. THOMAS.

294 5th Avenue, New York.

THE REPORT OF AN EXTRAORDINARY CASE is given in L'Union Médicale of September 11, 1883 (Lancet). It is that of a fœtus of full term which had remained for fifty-six years in the neighborhood of the mother's womb without having undergone any change, and without causing any distress to the mother beyond that resulting from its size and weight. The mother died at eighty-four years of age, and the perfect infant was found in a cyst, the wall of which was petrified about the right Fallopian tube.

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 17. CHICAGO AND ST. LOUIS, OCTOBER 27, 1883. TERMS: $3.00 A YEAR.

DR. WILLIAM S. SAVORY thus writes in the Lancet, March 3, 1883, on the subjeot of treatment of enlarged prostate (Can. Med. Record): When complete retention of urine from enlarged prostate occurs, it frequently happens that the introduction of an instrument is followed by temporary return of power to micturate; and in other cases of partial retention it is well known that the occasional passage of an instrument will for a while restore the ability to empty the bladder almost completely without help. The cause of the difficulty being a mechanical one, I suppose there can be little doubt that the introduction of an instrument does good in this way by pressing aside that portion of the enlarged prostate which is most immediately concerned in producing the obstruction. Now much more good in this direction, and good, too, which will last much longer, is often gained by retaining a catheter for some time after it has been introduced—say for one or two hours, or so, as the patient may be able to bear it without distress. This plan is well worth trying in most cases of the kind. When an instrument has been passed, whatever difficulty there may have been in its introduction has been overcome, and the patient is subjected to little or no additional trouble by its retention for a short period. I may add that for this purpose a silver catheter appears to me to be of more service than a flexible one. It will be observed that this plan of repeatedly retaining an instrument for an hour or so after it has been passed is quite distinct in principle and purpose from the practice which has been advised, and is sometimes adopted, in cases of complete retention, or of very frequent micturition, or where there is unusual difficulty in the introduction of an instrument, of retaining it for many hours, or even days together. The object here is either to escape a difficulty which may become insuperable, or to avoid the necessity of passing an instrument so frequently as to make this a source of grave irritation and further mischief. Here, unfortunately, the proposed remedy is often worse than the evil. The plan now advocated has been suggested with the view of taking advantage of the passage of a catheter, when it is required to relieve the bladder, to retain it for its effect upon the prostatic portion of the urethra; for the good it does in this way of restoring or improving the power of micturition, or possibly by pressure promoting in some degree absorption. In speaking on this subject, I would add that in my experience, as in that of others, in cases even where the prostate is considerably enlarged, it is often easier to introduce a catheter with an ordinary curve than the instrument which is especially made for cases of this description. Surgeons know very well that sometimes when a prostatic catheter cannot be easily passed, an instrument with a much smaller curve will easily slip in. I fancy that the advantage on the side of the smaller instrument is more common than it is generally supposed to be. With me, at least, it is the rule; and so, to relieve the bladder in cases of enlarged prostate, I should take first an instrument of full size with an ordinary curve, or a curve not exceeding the quadrant of a circle of two inches or so in diameter.

THE SUBSTANCE OF A PAPER by Dr. A. D. Rockwell, on the value of the electrolytic method, is thus reported by the Record: The writer said that he had long ago given up the attempt to treat malignant tumors by electrol

ysis. In a case of epithelioma of the face, however, he had recently obtained an entire disappearance of the growth. In some cases of intramural fibroids he had had remarkably good success. An illustrative case was cited. In erectile tumors he had his best results. One operation is generally sufficient. The best method of procedure was to connect the needles with the positive pole and place the negative pole outside. The resistance is greater, but this can be overcome by increasing the number of cells. Cystic tumors can be as successfully treated as the erectile, but practically the application is less often needed. Dr. Rockwell's conclusions were: First.—The success met with in the treatment of malignant tumors is generally but trivial. In epithelioma, however, when superficial and easily reached, success may be had. Second. —The electrolysis of intramural fibroids often reduces the size somewhat and gives great relief. Third.—For erectile and small cystic tumors electrolysis is a specific. Fourth.—Goitres, if small and soft, may be reduced in size, even by external applications. Even when hard, electrolysis may be beneficial, but the results are variable. Fifth.—Hairs can be permanently removed. Sixth.—In many cases of stricture, relief or cure can be obtained by electrolysis, but experience is not sufficient to speak of its value positively.

The Following is a Summary of the inaugural dissertation of Genzmer on the subject of the senses in new born infants (Louisville Med. News): He says that the sense of touch is developed from the earliest period, and reflex actions are readily excited by the slightest stimulation of the nerves of touch, especially of the face, then of the hands and soles of the feet. The feeling of pain is but slowly developed, and is only clearly exhibited after four or five weeks, before which time infants do not shed tears. True muscular sense is at least doubtful. Excitement of the sense of touch gives rise to unconscious reflex movements; the amount, therefore, rather than the quality of the sensation is observable. Closure of the nostrils occasions a reflex dyspnœa. Hunger and thirst are manifested in an increased general irritability followed by reflex movements; these cease after the first week. Smell and taste are not distinguishable to infants. Genzmer asserts, in opposition to Kussmaul, that the sense of hearing is perceptible in the first, or at most the second, day of life. New-born infants are so sensitive to light that they will turn the head to follow a mild-light; while if strong glare be suddenly thrown upon the eye, squinting is induced, and even convulsive closure of the lids. After a few days the child will follow the motion of various objects by movements of its head. Between the fourth and fifth weeks the convergence of the pupils and the power of co-ordination in vision are perceptible. A distinct perception of color does not exist under four or five months; before then it is quantity rather than quality of light that is recognized. The inhibitory reflex center is not yet developed in the eye; weak and moderately strong irritation excites movements which subserve that purpose. Excessive strong impressions only excite passive movements. New-born infants can not separate the impressions on their organs of sense. The readiness of excitability is shown in the fact that the stronger the stimulation the shorter the physiological interval.

A Case of Extraction of a cysticercus cellulosæ from the posterior region of the interior of the eye-ball is related by Dr. C. G. Haase, of Hamburg, Germany. Although taking exception to the statement of A. v. Gräfe and others, that a period of from three months to two years is sufficient to destroy an eye affected with cysticercus—as he himself had observed a case for three years without the least signs of irritation—he nevertheless strongly recommends the extraction of the parasite. He thus describes the operation: The globe having been drawn forward as far as possible, I first made an incision into the conjunctiva, one to one and a half c.m. in length, as far back as feasible, and detached it on both sides of the incision so as to explore the sclera. The hem-

orrhage having been arrested I made an incision eight to ten m.m. in length with a small cataract knife down to the vitreous. * * * I widened the wound with small scissors a few millimetres, and the cysticercus after another introduction of the iris forceps into the vitreous, subsequent to its withdrawal, spontaneously fell into the conjunctival sac. There was no appreciable loss of vitreous. The case recovered without any difficulty and the vision was the same as before the operation. He supplements the case by a statement of the number of cases of cysticercus observed by several clinicians in the German speaking community, the result of which shows that some sections of the country, probably from peculiar modes of cooking, are much more subject to this affection than others.

Dr. J. Solis Cohen declares himself (Med. and Surg. Reporter) emphatically as opposed to the extirpation of the larynx when affected with carcinoma, claiming that the average length of life is much greater when simple tracheotomy is performed. Whilst he confesses to a prejudice to the operation, he supports his opinion by tabulating statistics by which his position is fully justified. And before the Gynecological Society, as reported by Boston Med. and Surg. Journal, Dr. Reeves Jackson expresses himself as decidedly opposed to the extirpation of a cancerous uterus.

Dr. J. E. Graham read a paper on the diagnostic value of the bacilli tuberculosis, before the Ontario Medical Association, in which he detailed a number of investigations made by him. We extract the following from his address as published in the Canadian Practitioner, for July, 1883 (Med. and Surg. Reporter): 1. That bacilli are found in the sputa of almost, if not all cases of phthisis. It is doubtful if there is any case of active disease in which bacilli will not be found, provided the sputa come from the lungs, and five or six different examinations are made. 2. They are found on the first examination in three-fourths of the cases. 3. The presence of the bacilli is a positive evidence of the disease. 4. There are doubtful cases in which the examination of the sputa for the bacilli will be of decided value in arriving at a correct diagnosis. In three or four of the cases given, the presence or absence of bacilli was to me of great assistance. 5. As to prognosis, the number of bacilli is in proportion to the amount and rapidity of the process of destruction. There are cases in which there is a rapid formation of miliary tubercle, in which the sputa will show a small number of bacilli. As soon, however, as in such cases breaking down commences, the bacilli will be found in very great abundance. This fact was shown in No. 2. 6. It might be said, as a general rule, that in the more chronic cases the bacilli are fewer in number and, I think, smaller.

Dr. Montgomery concludes an article in the Med. and Surg. Reporter on the value of external examination and manipulation as a means of diagnosis in obstetrics as follows: Since the discovery of the pulsations and their varying frequency, it was seen that the greater rapidity was invariably associated with female children, and the contrary with male. Upon this Frankenfeld proclaimed the theory, in 1859, that the sex of the fœtus in utero could be foretold as soon as the pulsations were distinctly countable. In fifty cases he predicted the sex correctly in all; twenty-two being boys and twenty-eight girls. The average pulsation for the boys was 124; for the girls, 144. It has been found later, however, that the size of the child has much to do with the frequency of the pulse. My observations in the Philadelphia Hospital lead me to place great reliance upon the table formulated by Dr. Wilson, of Louisville, which is as follows; From 110 to 125, almost certainly male; from 125 to 130, probably male; from 130 to 134, doubtful; chances in favor of a male; from 134 to 138, doubtful; chances in favor of a female; from 138 to 143, probably female; from 143 to 170, almost certainly female.

The London Correspondent of J. A. M. A. says: A new evil is becoming known to the profession here, taking the name of "Lawn

Tennis Elbow" from its being acquired during the pursuit of that popular game. Dr. Henry Morris says it is due to sprain of the pronator radii teres muscle and the fascia and inter muscular septum on the inner side of the humerus, from which its greater head arises, by the rapid and forcible pronation of the forearm which constantly takes place in lawn tennis. The treatment necessarily is rest and support of the affected joint.

In an Article of some Length in the Bulletin Général de Thérapeutique, on June 15, Dr. Kobryner enters a protest against the so-called specific treatment of dysentery by ipecac. (Med. Record.) He thinks that this drug is seldom of any value in the treatment of this affection, and that often it does positive harm. The proper treatment, he thinks, consists in fulfilling the indications presented by the disease, and not in the routine method, based on pure empiricism, of forcing down immense doses of ipecacuanha. There are, he argues, five special indications to be followed in the treatment of the grave forms of dysentery. The first is to rid the patient of everything that may aggravate or keep up the morbid condition. This end is to be attained first by the administration of an emetic. In the milder cases this is not necessary, as the onset of the disease is usually preceded by a longer or shorter period of general malaise, when there is but little appetite. The patient eats only a little light food, and the stomach consequently is nearly or wholly empty. In dysentery of severe type, on the contrary, especially in times of epidemic, the invasion is sudden, and the patient may be seized shortly after the ingestion of a full meal. The process of digestion is suddenly arrested, and the stomach must be relieved of its load as speedily as possible. Then the rest of the digestive tract requires attention. The intestines are filled with a quantity of fecal matter which must be got rid of. This is to be accomplished by the administration of any of the ordinary salines or laxative mineral waters. In mild cases this is all the treatment usually required. The second indication is to moderate the fever. This end Dr. Kobryner attains by a restricted diet. When the fever is high the fast must be absolute, but as soon as it begins to fall some light soup may be allowed. Solid food is not allowed until the patient is absolutely free from fever. Infants at the breast may be permitted to nurse, but must take only a little milk at a time. They should not be urged if they refuse the breast. In bottle-fed infants, milk is not allowed, but they can have only light broths and a little albumen and water. The third indication is to relieve the colic. While opium is the specific for pain, it is not to be thought of in dysentery. Notwithstanding all our efforts to unload the bowels, it often happens that hard fecal masses are expelled from time to time, and if opium is given they are retained and increase the irritation. The remedy for the colic of dysentery is calomel. In spite of its ordinary action in increasing the intestinal discharges, it relieves the pain, and, in this case, diminishes the number of the dejections. The fourth indication is to restore the blood to its normal richness. This is a most important part of the treatment, and is best accomplished by perchloride of iron in doses of eight drops per diem for nursing infants, and a proportionate amount for older patients. In addition to this may be given a drink of white of an egg in water (the whites of six or eight eggs to a quart of water). It is not until the sixth or seventh day that the signs of impoverishment of the blood become evident, so that the treatment by iron and albumen is not to be begun until that time. The last indication, which is met with in only a certain proportion of cases, is to treat the intermittent character of the symptoms. Quinine is the remedy here.

The Fourth Volume of the Index Catalogue of the Library of the Surgeon-General's Office has appeared. It includes 4,802 author-titles, representing 1,926 volumes and 3,885 pamphlets. It also includes 12,361 subject-titles of separate books and pamphlets and 48,977 titles of articles in periodicals.

Dr. Holmes some years ago wrote as follows to a young man who requested his advice about becoming a doctor (Med. Record). "My dear young friend—To be a physician the following requisites, if not absolutely necessary, are very desirable: First—A sound constitution. The wear and tear are very great, and cares, broken rest, irregular meals, and exposure of all kinds demand great stamina. Second—An unselfish nature. You must always think of your patient's welfare, not of your own comfort or habits. Third—You must be content to wait a long time before you establish a paying reputation. Fourth—Much of your work being distasteful, wearisome, wearing to the body, and almost fruitless to the mind, you must gradually harden yourself to the routine, and for this you ought to have an easy and accommodating temper. Fifth—You must be in constant familiarity with suffering of all kinds, which must either make your feelings tough, or keep you in distress. Medicine is very exacting. I don't believe much in literary doctors. I would not have one that was in the habit of scribbling verse, or stories, or anything of the kind.

Dr. Duflocq relates in La France Médicale, of August 30, 1883 (Med. Record), the history of a young man, twenty-five years of age, who was admitted to hospital suffering from a fever. The attack had begun eight days previously with headache and vertigo, followed by vomiting, after which fever and diarrhœa came on. There was also epistaxis a few days later. On admission the patient presented nearly all the symptoms of typhoid fever: the tongue was white; there was tenderness on pressure in the right iliac fossa, though the belly was not tympanitic; the spleen was slightly enlarged; heart and lungs were healthy. The temperature was 104.7°. The eruption of rose-colored lenticular spots was confluent over the abdomen, and very thick over the arms, legs, and thorax. They were large, slightly elevated, and disappeared momentarily on pressure. It was the great extent of this eruption that excited suspicion and led to further examination. A cicatrix resting upon an indurated base was found upon the glans penis, and there were enlarged glands in the groin. Mucous patches were discovered in the mouth and fauces. The patient was placed upon ordinary anti-syphilitic remedies, and the fever and eruption disappeared in about two weeks. Dr. Duflocq mentions as of diagnostic value in the differentiation of typhoid from syphilitic fever, the early appearance (third or fourth day) and the abundance of the eruption.

Southern Longevity should furnish a good field for the life companies, if centenarians are any evidence of average longevity. A correspondent of the Mobile (Ala.) Register, writing from Baldwin County, says: "Just think of a county containing three living beings whose ages aggregate 336 years. Their names are: Sylva Lambert, 113 years; Mary English, 110 years; and Peter Hall, 113. I obtained the ages from the judge of probate for Baldwin County, a man of undoubted integrity, who, by the way, is a remarkable man himself, being upwards of 80 years of age, and still erect and active. He thinks nothing of riding 36 miles on horseback to marry a couple, and then return to Howards in time for supper. Again, there is Mr. Howard himself, 86 years of age, who married only last fall, and still lives at Howards, which takes his name.

Schoenborn exhibited a Specimen removed from the stomach of a girl who had suffered for two years (Brit. Med. Jour.) A tumor of the size of a fist could be felt in the gastric region, the same being painful on pressure. The diagnosis as between a tumor of the spleen or of the omentum was uncertain. Upon operation, it was found to lie in the stomach, whence it was removed. Incision of the tumor showed it to consist of short hairs matted together. It afterward transpired that this girl, with a number of her schoolmates, "in order to gain a clear voice," was in the habit of biting off her hair and swallowing the ends thus bitten off. The case is not

unique. Seven similar cases are recorded, one of which was complicated by a second similar mass in the intestine; but all the others ended fatally—one from hemorrhage of the stomach, the others from peritonitis, or incurable vomiting. Some of these patients had swallowed the hairs in their full length.

Common Diseases of Children is the subject of a paper read by Dr. R. L. Moore before the Section of Diseases of Children and published by the J. A. M. A. It contrasts so completely an extract which we made last week to show what should not be done, that we think it desirable to make a short quotation. Speaking of these common diseases he says: In the large majority of cases it is simply a condition of irritation. And because of this, let him not rush to the other extreme, and think that the child is not seriously ill. No. Let him remember that "a sick child is always dangerously sick." This "irritation" may cause other and distant organs to be violently perturbed, through sympathy. Be not deceived by these manifestetions, nor admit that you "wish the child was old enough to tell what is the matter." The whole story is before you. Read it. What shall you name the disease? Yes, you must have a name to give in reply to the first question, "What is the matter?" One of several will do: Catarrhal fever, ephemeral fever, irritative fever, simple fever, worm fever, gastric fever, infantile remittent fever. Either of these names, I venture to say, will well enough describe the greater number of cases of sickness in children, outside of some specific epidemic diseases * * * * * One of the watchwords in treating children is elimination. Don't lock up the secretions. Give Nature, that grand old mother, a chance. Very rarely should opium, nor any of its preparations or derivatives, be used in the treatment of children. He who abides the nearest to this rule will always have the best success in treating them. Look after them closely. Stand by the small and frequently repeated dose of tasteless medicines. Never forget that a sick child is always dangerously sick.

The Med. Press, August 8, 1883, reports another death from chloroform. The man, aged 46, was chloroformed for the excision of a tumor of the lip. Soon after the inhalation was commenced, the patient became livid, and the efforts to restore respiration, which quickly ceased, were unavailing. Examination of the body post-mortem showed that all the organs were in a healthy condition, and a verdict was returned to the effect that "deceased died from sudden paralysis of the nerves caused by chloroform, which had been properly administered."

The Medical Times Quotes the following from the British Medical Journal: In a paper read in the Section of Surgery at the annual meeting of the British Medical Association, in Liverpool, August, 1883, Mr. Morris speaks highly in favor of free erosion by means of a blunt spoon in the treatment of Lupus Vulgaris. He remarks, "The plan I adopted was, with a few minor modifications, identical with that originated by Volkmann in 1870. With a large spoon all scabs are thoroughly removed, and with them the great bulk of the superficial deposit, and after drying the surface the minute nodules, which are deeply lodged in pockets of the corium, are dug out with smaller and pointed scoops. The margins are also vigorously scraped. The spoon should be applied till the whole of the soft friable lupus-tissue has been removed and only the firm resistance of the sound parts is met with. Though the greater portion of the disease may be removed at one operation, some of the smaller deep-seated nodules which have escaped will reappear in the scar, and require subsequent treatment. After the healing of the wound produced by the operation, a scar with more or less loss of substance is left. In comparing scraping and scarification, he observed that though the former has the advantage of rapidity, in the character of its scar it is much inferior to the latter. Scraping is, after all, a destructive method, similar

to, though milder than, the older forms of treatment, as it mechanically removes the diseased material, whereas scarification is essentially conservative in its action. The incisions, by cutting off the blood-supply, modify the nutrition of the new growth, and lead to its atrophy with a minimum loss of substance. In addition, in the severe forms of lupus exedens, in which scraping fails, or even aggravates, scarification acts most rapidly and completely. A further though minor advantage is that scraping, on account of the pain, requires an anæsthetic, which can be dispensed with in scarification.

At a Recent Meeting of the Baltimore Medical Association, Dr. John Neff reported the following case (Maryland Med. Jour): The patient, who was an Irish woman, aged thirty-eight to forty years, and a hard drinker, was there months advanced in her pregnancy. She got along well after the miscarriage, and came down stairs on the second day. On the ninth she went out in the yard, the weather being rather cold. On the tenth day she complained of stiffness of the jaws, followed by a similar condition of the cervical and spinal muscles and tetanic convulsions. Death took place on the thirteenth day after miscarriage. The treatment embraced cannabis indica, bromide of potash and chloral, and hypodermic injections of morphia; the last seemed to give more relief than anything else. Her mind was clear up to just before the end. There was no apparent cause for the tetanus, no retained placenta or membranes.

The Med. Record August, 1883, says (Med. and Surg. Reporter) that Dr. Antonio Lanini relates in Lo Sperimentale, vol. li., No. 1, a case of ascites occurring in a man thirty-four years of age, in which paracentesis was performed ninety-two times, from April, 1878, to December, 1882. During this period over three hundred and eighty gallons of fluid were withdrawn from the abdominal cavity without any apparent loss of strength on the part of the patient. The cause of the ascites was not clear, for careful examinations made immediately after the removal of the fluid could detect nothing abnormal in the abdomen. There were no signs of obstruction to the portal circulation, and the normally secreted urine contained no albumen. The author thinks that there was an irritable condition of the peritoneum, resulting from an inflammation of this membrane, from which the patient suffered in 1878. There had never been any fever since the subsidence of the peritonitis. Diuretics, cathartics, counter-irritation, diaphoretics, strong compression of the abdomen, all were tried without success. This patient was related to another man, also under Dr. Lanini's care, on whom, in the course of twenty years, phlebotomy had been performed five hundred times, and cupping thirty times, besides the application in the intervals of two thousand leeches.

The Following Procedure is recommended by Dr. Thomas Dimock, of New York, in the Therapeutic Gazette for July, 1883 (Med and Surg. Reporter): Bring the patient near a good light of any kind, and after the mouth has been opened, place on the tongue a depresser, then request the patient to yawn. The larynx will immediately rise up, and every part necessary to be seen will be brought fully into view. The nose should be held, as this compels breathing through the mouth. Thus the velum pendulum palati is raised, the anterior and posterior pillars become widened, exposing the back of the tonsils and pharynx. The tongue must be pressed downwards very gently, as it always resists harsh treatment.

A Course of Didactic and clinical lectures on diseases of the skin will be given by Dr. Bulkley at the Pathological Amphitheatre of the New York hospital during the coming winter. The course will consist of twenty lectures, embracing the entire subject of skin diseases (including syphilis), and will be freely illustrated by abundant clinical material—life-sized models, etc. The lecture will be free to practitioners of medicine and medical students.

Extirpation of the Kidney has been performed by M. Ollier three times (Med. News). In the first case the operation was performed on account of pyonephrosis, believed to be due to obstruction of the pelvis of the kidney by calculi. Adhesions of the capsule to the adjacent parts rendered the operation difficult, and it was found necessary to decorticate the organ. The patient recovered and now complains of pain in the liver and left iliac fossa, and at two periods there has been excessive salivation, amounting to more than a quart a day. The second operation was performed on account of a cyst containing about four gallons of fluid, patient dying on the third day. The third case was one of sarcoma of the kidney, and did well until the tenth day, when death suddenly occurred on the child's attempt to raise itself from the bed.

The Following Conclusions regarding hypogastric cystotomy as a substitute for the perineal operations are drawn by Prof. S. Villeneuve (Med. News): 1. The hypogastric operation, which hitherto has been used only exceptionally, appears to be coming into more general, though not exclusive use, for the performance of cystotomy. 2. It should be performed with the newly perfected instruments made for it; ballonnement (ballooning the rectum by means of an air ball,) vesical injection, pushing back the peritoneal cul-de-sac, connected syphon tubes, and antiseptic precautions and dressings. 3. Suture of the bladder should be discarded, but immediate union should always be attempted, which if realized shows the great superiority of the hypogastric operation. 4. The hypogastric operation is one of necessity in cases of large and encysted stones, intolerant bladder, and impermeable or strictured urethra or vagina. 5. Especially is the operation to be recommended in old persons and adult men, and in those in which lithotrity is not applicable, and which up to the present time have only been treated by the different perineal operations. 6. In male infants, it may be presumed that it is at least equally as good as the perineal operations. But the happy results obtained by these operations for a long time render the indications of the high operation in these cases less pressing. 7. In female children, and females at the age of puberty, the hypogastric operation is the method of choice. 8. In married women the question of choice between the hypogastric and vaginal operations is undecided. 9. An inflammatory affection of the uterus, marked deformity of the bladder on account of deformity of the uterus and notably cystocele, should lead one to adopt the high operation. In adult females the hypogastric operation should be preceded by dilatation of the urethra. 10. Constitutional and diathetic affections have no special indications in selecting the method of operation. The same holds good for lesions of various branches of the sympathetic plexus.

A Porro-Muller Operation was performed by Dr. W. H. Parish June 30th, 1883, (Med. News) the patient being a deformed dwarf. Albuminuria was present, and though she had never had convulsions there was frequently recurring frontal headache with impairment of vision. Her condition not improving, and all the symptoms pointing to steadily increasing uræmia, the operation was determined upon. Death, however, followed in forty-two hours, and was attributed chiefly to the existence of interstitial and parenchymatous nephritis as demonstrated by post-mortem examination of the kidneys. The child, which was small, died at the end of three weeks of inanition.

Dr. Ruhdorfer, of Gotzendorf, relates the history of a girl nineteen years of age who, for three months, suffered from an obstinate hiccough (Med. Record). All kinds of sedatives were employed in vain. Subcutaneous injections of pilocarpine, gr. ss., in m. xv. of water, finally gave relief. Stadler has reported a similar case cured by the same means.

According to the Chicago Month Mortality statement, the mortality of September was 970, whilst in 1882 it was 1030, and in 1881, 1211.

On Artificial Impregnation in its medico-legal aspects the Med. Record comments as follows: A case of much interest to the medical profession has recently been brought before the civil tribunal at Bordeaux. It appears that a certain physician in Bordeaux advertised widely that he was able to cure sterility in either sex, and no matter how obstinate. Attracted by these pretensions, M. and Mme. A., a childless couple, went to the quack and secured his services. The operation known as artificial impregnation was performed, but, as the evidence shows, in a bungling and incomplete manner. Conception did not take place, but on the contrary, some local injury was done. Despite the failure the quack claimed his fee, which was the moderate sum of fifteen hundred francs, and accused the woman of having attempted abortion. The case was brought before the court, which not only refused to award the fee, but condemned the operator and the operation. The decision does not affect the legality of the operation itself, but the judge condemned it as being a procedure which was unnatural, and which might, if abused, be a source of danger to society. Artificial impregnation is an operation which in certain cases may be justifiable, but which is generally resorted to with extreme caution by gynecologists. The practicability of artificial impregnation was first shown upon the lower animals by Spallanzani in 1782. Dehant and Sims, about twenty years ago, began to attempt it upon human subjects. In fifty-five separate experiments upon six patients, Sims only succeeded once, and he has now abandoned the operation. Some French gynecologists still endorse it.

There is a Case of poisoning from boracic acid reported in Schmidt's Jahrbücher (Louisville Med. News), following the use of an injection of a four per cent. solution for chronic diarrhœa, and the Med. Record reports a death supervening upon its external use in an ulcer. The cases teach us that boracic acid is not as harmless as is usually supposed, and warn us to be cautious in its use.

The Following Curious Case is found related in Le Courrier Médical of August 25, 1883 (Med. Record). A woman, aged forty-nine, subject since puberty to periodical attacks of mania, but with lucid intervals, was admitted to hospital on account of an abundant and fetid leucorrhœa. Examination of the uterus showed a cervix covered with granulations and irritated by a discharge coming from within the womb. A sound which was introduced struck against a metallic body. This was removed and found to be the brass socket of a candlestick, measuring three-fifths of an inch in length, and four-fifths of an inch in diameter, with a rim one and one-half inch in diameter. This socket was evidently detached from a candlestick introduced at some time into the vagina. The last pregnancy dated back twelve years, so the foreign body could hardly have been introduced at that time before the involution of the uterus. And yet it is difficult to conceive of a contracted uterus, in a woman past the menopause, seizing and drawing up into its cavity so large a body as that described.

M. Emilio Fasola, in the Anali di Ost. Gin. et Ped., for May, arrives at the following conclusions from numerous observations (Med. and Surg. Reporter): 1. Intra-uterine injections in puerperal septic endometritis, with fetid lochia, are frequently followed by chills. 2. The chill is less intense when the lochia are not fetid and the treatment has been continued for some time. 3. The chill appears generally after the first injections, oftenest in the evening. 4. It is followed by an elevation of temperature of short duration, which was followed by a notable fall; sometimes in rare cases the temperature falls to the normal standard after the injection. 5. No accident of importance occurred afer the chill.

Dr. J. P. Lytle reports favorable results with a spray of lactic acid in diphtheria. He says that it rarely fails to dissolve the membrane in two or three applications. The solution used was of the strength of lactic acid, gtt. xxx.; aquæ, ʒi.

CONTRIBUTIONS.

AN HISTORICAL SKETCH OF POST-MORTEM ALKALOIDS.

BY R. A. WITTHAUS, M.D.,

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So far as any accurate knowledge that we possess goes, that which we call life is the sum of a number of connected and consecutive chemical and physical phenomena. Immediately we abandon the guidance of physical or chemical experimentation in the investigation of physiological or pathological causes, we enter the domain of pure hypothesis, where all is theory, or mere guess work, veiled in thin gauze of hollow terms such as "vitality," "catalysis," "nerve force," etc., the meaning of which no man can define.

Investigations, therefore, which tend to throw light upon the causation of pathological states, to combat which in our present ignorance of their etiology we are compelled to rely entirely upon empirical and therefore unscientific methods, cannot fail to be of interest to the medical profession. Such is my apology for calling your attention this evening to the fragrant subject of putrefaction; and indicating (in a very sketchy way it is true) the results of investigations, made principally by Italian chemists during the past ten years, upon the ptomaines (or post-mortem alkaloids), which seem to me to have a bearing upon the etiology, principally, of such diseased conditions as septicæmia, pyæmia, gangrene, etc.

There exist in all organized beings certain complex, organic compounds, into whose composition the element nitrogen enters, known as albuminoids, which seem to be inseparably connected with the phenomena of life; and in which "vital force"—if that be anything beyond a name, serving a convenient purpose as a cloak to our ignorance—seems to have its favorite residence. No living body exists which does not contain one or more albuminoids, and no albuminoid has yet been obtained by artificial means. Indeed, these substances are the most complex with which the chemist has to deal, and in spite of a vast amount of careful research we yet know but little with certainty of their nature, their reactions, combinations or decompositions; and we are even frequently at a loss to certainly distinguish different members of the group from each other.

During life these albuminoids are subject to incessant modifications in the processes of digestion and nutrition, originating usually in the vegetable world, and passing, in the animal economy, through the different forms of peptone, serum albumen, fibrinogen, myosin, etc., until their constituents finally make their exit from the body in the form of urea, carbon dioxide and water. But although we thus hold the two ends of the chain, peptone and urea, the intermediate links are yet in the dark, with only an occasional point of light; and although the literature of the subject would fill volumes even now, it will be long before the modifications of the albuminoids during life will be understood.

Directly life ceases, the albuminoids are no longer modified in the manner normal to living organisms; but enter into another series of changes, which constitute putrefaction—the steps and products of which differ as a whole totally and entirely from those occurring during life. I say as a whole, because many of the products formed during putrefaction, such as leucin, tyrosin, etc., have long been known to occur in the body during life; and it has recently been found that other and more active putrid products, the ptomaines, have been produced before death in pathological conditions, and even normally.

The term putrefaction, as properly and strictly applied, refers to a decomposition of dead albuminoid or gelatinoid substances, or of bodies containing them, with production of foul smelling gases. Consequently, animal bodies being more rich in putrescible material than vegetable, are more prone to this form of decomposition. When vegetable substances are exposed to conditions favoring putrefaction, they usually undergo the process of slow odorless decay, known as eremacausis, which is a slow oxidation, resulting in the production of a brown, pulverulent material (humus or ulmin), such as is formed during the decay of woody fiber, and without the evolution of any ill smelling products. When, however, the vegetable material is sufficiently rich in albuminoids, it is subject to putrefaction proper, with formation of products the same as, or similar to, those resulting under like conditions from animal matter.

Whether putrefaction is, or is not, a fermentation is a question which, notwithstanding much heated argument, must still be considered as far from settled. And here I use the term "fermentation" in its most limited sense, which let me digress a moment to define: The word derived from "fervere," to boil, was first applied to alcoholic fermentation, during which the liquid effervesces strongly by escape of carbon dioxide. Subsequently it came to be applied to any chemical action attended by evolution of gas. Still later it has, in a measure, taken the place of the word "catalysis," disgraced among chemists, to apply to a number of heterogeneous actions, with or without evolution of gas, whose rationale is imperfectly understood; thus mother of vinegar and pepsin are both called

ferments, one an organized being, the other, probably, a chemical entity, certainly in no sense organized. Some authors have recognized the distinction and also the impropriety of the term fermentation as applied to actions produced by unorganized substances, by designating the latter as "false fermentations." I think it better to limit the term ferment to such low forms of vegetable life as mycodema aceti, torula cerevisiæ, etc., which are capable of producing chemical change in the media inhabited by them, as a result of their processes of nutrition. And I have suggested the the word "cryptolyte" as a temporary name for such substances as diastase, pepsin and trypsin, which are not organized, and which produce changes in substances with which they come in contact, in some way at present not understood. The terms cryptolysis and cryptolite have the advantage over catalysis and catylitic, that the former are of themselves frank confessions of ignorance, and, serving the purpose of "miscellaneous" in a classification, have no tendency to mislead by introduction of metaphysical reasoning into experimental science.

The term "fermentation" being thus limited, the question whether or no putrefaction is a fermentation becomes identical with the question of the impossibility or possibility of archebiosis, or spontaneous generation so-called. That low forms of life are always present in putrid matter under usual conditions is undoubted; but is their presence merely fortuitous, are they products of putrefaction, or, are they its cause? These are questions whose consideration would open the entire discussion as to the origin of life; a discussion for which, at present at least, I have neither time nor inclination. Suffice it to say, that the experiments of Bastian, confirmed by other observers, have distinctly proved that, if a moist temperature of 153° C. (307.4° F.) be destructive of vitality, then archebiosis is possible, putrefaction may take place without introduction of living organisms, and these, therefore, when present under ordinary circumstances, are either the products of the process, or their presence is merely contingent.

As, during life, the conversion of albuminoids into urea and similar products occurs, not suddenly, but only after a series of different changes, so the process of putrefaction is by no means simple; nor are its products, final and intermediate, few in number. Of the many substances formed during putrefactive decomposition, those which are the final products, being the simplest in character, are the best known. With certain intermediate products we are also tolerably well acquainted, but concerning those first produced we are very much in the dark as to both their chemical and physiological character, because of the facility with which they are transformed into other and simpler compounds. Of the various products of putrefaction, those which are of chief interest from a medical point of view are: 1. Peptones. 2. Nitrogenous, alkaloid-like bodies. 3. Inorganic final products.

When moist fibrin is allowed to putrefy it becomes soft and fluid. At this time it has been shown by Hoppe Seyler and Kühne, to contain two albuminoids; one resembling the globulins, the other related to myosin. At the same time there appears in the liquid a flocculent deposit of another albuminoid, which is soluble in dilute alkali or acid. If the liquid be examined shortly after this, it will be found to contain an albuminoid which is coagulable by acids or by alcohol, but not by heat, and which differs in no way, so far as has yet been determined, from the peptone found during stomach digestion. This peptone seems to be a constant product of the first stages of putrefaction of all albuminoids, and has been obtained from putrescent blood, muscular and other tissues.

The most interesting of the putrid products, from medical as well as chemical and toxicological points of view, are the alkaloid-like bodies, whose formation is now placed beyond question. That alkaloids should be formed from the decomposition of albuminoids may seem rather odd to the unchemical observer, yet from a chemical point of view, even with the scanty knowledge we now have, the transition is by no means astonishing. There is great probability that the albuminoids are very complex amines (or derivatives of ammonia). During their decomposition, numerous amines are produced; and why not alkaloids? which we may say, almost with certainty, are themselves amines.

As early as 1853, Panum, while studying the "putrid poisons," subjected a putrid maceration of dog's muscle to filtration, boiling, evaporation and extraction with absolute alcohol (a treatment which we have every reason to believe would be fatal to bacteria), and obtained on evaporation of the alcoholic solution, a yellow, volatile, oily substance, which, when injected into the jugular of a dog, produced the same symptoms of intoxication in doses of .012 grm. as were observed after injection of the original putrid solution. This, the "extractive putrid poison" of Panum, has figured very extensively in medical literature, and its separation was the first step in a long series of observations.

In 1868 Bergmann and Schmiedeberg obtained, first from putrid yeast, then from putrid blood, by a complicative process of extraction, a nitrogenous, crystallizable base, to which they gave the name "sepsin," which was poisonous to dogs and frogs.

In 1869 Zülzer and Sonneschein obtained an alkaloid from extracts of muscular tissue which were

five to eight weeks old. This body exhibited reactions very similar to those of atropin and hyoscyamin; and when administered to animals by hypodermic injection, produced dilatation of the pupils and acceleration of the pulse. During subsequent investigations, however, these observers, like Bergmann, found that the toxic action of the product was not constant; that the extracts from certain putrid solutions were very active, while those from others were either less poisonous, or entirely innocuous; a variation which the researches of Selmi were destined to explain.

In 1872, Selmi, of Bologna, published the first of a series of papers, continued at intervals to the present time, which have thrown much light upon the subject, and which have called forth a number of confirmatory and independent observations by others.

He obtained from cadavers which had been exhumed (one a case of arsenical poisoning) from putrid blood, and from putrifying egg albumin, a number of different substances of distinct alkaloidal nature, strongly alkaline in reaction; some soluble in ether, others in amylic alcohol, others insoluble in both liquids; some fixed, others volatile; capable of forming crystallizable salts with acids; readily oxidizable; producing on contact with the tongue a pungent taste, and a sense of torpor of the tongue and tickling of the fauces, which persist for some time. Some of these alkaloids were found to be actively poisonous; producing dilatation of the pupils, followed by contraction, sudden diminution in frequency and irregularity of the heart's action, convulsive movements, and death; the heart being found in systole and empty at the autopsy.

Admitting then (and it has certainly been proved beyond question) that peptone and alkaloids are produced during putrefaction, let us see what influences these bodies have upon the animal economy, and what connection if any they have with the causation of disease. The products of putrefaction which most readily attract attention, and which popularly, and to some extent among physicians, are considered not only as the most immediately disagreeable, but also as the most dangerous to life, are the gases and vapors which appeal so strongly to the olfactory sense. These gases or volatile products consist chiefly of carbon dioxide, hydrocarbons, hydrogen sulphide, ammonium sulphide, and the vapors of the lower fatty acids, substances which, although possessed of disagreeable odors for the most part, are with two exceptions without markedly toxic powers. The two exceptions noted, carbon dioxide and hydrogen sulphide, are poisonous truly, but seem to be capable of producing deleterious results only when absorbed by the pulmonary surfaces, and then only when absorbed in relatively large quantities. The intestinal canal almost always contains hydrogen sulphide, and solution of carbonic acid, or soda water, can certainly not be ranked as an active poison. And yet the most disastrous results produced by putrescent material occur after its introduction into the stomach or directly into the circulation, results far exceeding in virulence anything which can be traceable with any degree of certainty to the inhalation of foul smelling products of putrefaction. Moreover, it is well known to surgeons and post-mortem examiners that there is vastly more to be feared from a wound by a scratch from a fragment of necrosed bone, or inoculated with the liquids of a corpse shortly after death, than from inoculation with the juices of the most foul and putrid subject; and yet in the early stages of decay there is little or nothing offensive to the sense of smell.

It has long been known that very severe illness and even death may result from taking articles of food which have been kept for too long a period, even before they have developed the putrefactive odor; and the literature of toxicology is full of mysterious cases in which death has occurred after symptoms of irritant poisoning following the taking of particular articles of food, without the discovery of any poisonous substance.

You are probably all aware that in certain parts of Germany great mortality has resulted from eating sausage. Schlossberger, who gave the subject most careful study, has estimated that in fifty years there have been in Wurtemburg alone four hundred cases, and one hundred and fifty deaths from sausage poisoning. The suspicion which at once arises that these were unrecognized cases of trichinous infection is definitely set at rest by the facts that boiling and roasting did not destroy the poison, and that the fresh sausages were never the cause of the trouble, which always resulted from the use of such as had been smoked more or less perfectly, and had been kept for some time; and in every instance they were of large size, softened in the interior, and did not give off the odor of putrefaction. In those poisoned by "wurstgift," the prominent symptoms are referable to the nervous and respiratory functions, and make their appearance the first or second day after intoxication. Vision is also usually affected; sometimes with dilatation, sometimes contraction of the pupils.

In seeking for the cause of sausage poisoning, Schlossberger carefully considers the fermentation theory, supported by Liebig, Vanden Corput and others, and rejects it along with others ascribing it to accidental admixture of poisonous seeds, the

formation of hydrocyanic acids, and the production of supposed poisonous fatty derivatives. In place of these he substitutes, from purely theoretical reasons, the hypothesis that the poisonous principle is an alkaloid-like body, produced during putrefaction—a hypothesis which to-day is vastly more acceptable than it was when he wrote in 1852.

In 1877 Selmi, Pesci and Vella obtained ptomaines from cadavers which had been interred one, three, four, six and ten months, and experimented with them chemically and physiologically. They found that by using different solvents they obtained different alkaloids from the same cadaver and from those which had been interred for different periods, and not only did these differ in their chemical characters, but also in their physiological actions. Thus from the one and three month cadavers they obtained alkaloids which, administered to animals hypodermically, caused diminution of the cardiac movements, diminution of the respiratory movements until they ceased, temporary dilatation of the pupils, and death with the heart in systole. With the alkaloid soluble in ether obtained from three and four month cadavers similar results were obtained, but they were less marked and the animal frequently recovered. With the alkaloids soluble in chloroform, obtained from four to ten month cadavers, little or no effects were produced, except slight diminution in cardiac and respiratory action and occasional dilatation of the pupils.

These results show that the nature of the alkaloid differs with the conditions under which it is formed; that those possessed of poisonous qualities are first produced, and that these are subsequently converted into such as possess less physiological activity—facts which tally perfectly with other experience of septic poisoning.

Subsequently, Selmi placed the whites of sixty eggs in a vessel communicating with the air only sufficiently to admit of the escape of gases, allowed them to enter into incipient putrefaction, and extracted two alkaloids, one oily and volatile, the other fixed and crystalline. The volatile base was converted into hydrochlorate, which, injected into a frog, produced irritation without serious symptoms of poisoning. The fixed alkaloid was also converted into hydrochlorate, whose solution had a pungent flavor and produced "torpidity" of the tongue, and when swallowed in most diminutive quantity caused a painful sensation in the throat. It was poisonous and "30 mgrm. administered to a frog caused death in a very short time, accompanied by violent convulsions."

So far I have spoken of ptomaines, or cadavaric alkaloids (from *ptoma*, a corpse) as the exclusive product of dead animal matter, and up to 1880 we had every reason for supposing them to be such. In that year, however, Spica proved the possibility of their formation in the living organism under pathological conditions, by extracting a well defined member of the group from a liquid drawn from the abdominal cavity during life, in a case of extra-uterine pregnancy. In 1882, Spica and Paterno, working together after quite a heated discussion between them, obtained well characterized ptomaines from perfectly fresh blood, as well as from fresh egg albumen. Further, in 1882, Gautier obtained from normal human urine a fixed poisonous alkaloid; and Bocci showed that human urine, injected subcutaneously into frogs, caused their death.

It will be remembered that I mentioned peptone as one of the early products of putrefaction. Brieger has shown, in an article published in March of this year, that the formation of peptone during artificial stomach digestion is attended by the formation of a poisonous alkaloid. A substance soluble in amyl, alcohol, responding to the general tests for the alkaloids, alkaline, forming salts with acids. A solution of this alkaloid in water, as far purified as possible, produced in frogs rapid diminution and loss of sensibility, paralysis, slight contractions of the extremities, and death in fifteen to twenty minutes, without any further marked symptoms. Rabbits received 0.5 grm. of an extract containing this alkaloid hypodermically; in fifteen minutes there was gradual paralysis of the posterior extremities, and the animals died in periods varying from a few minutes to several hours, in a condition of coma.

From the facts which I have mentioned, it will be seen that not only do albuminoid substances produce during putrefaction peptone and poisonous alkaloids, but like substances are also produced during life; have been obtained from healthy bodies; are produced during artificial digestion of albuminoids; and are eliminated with the urine and probably also by other channels. Is it not possible, and even probable, that the formation of these alkaloids may become excessive, or that their elimination may be impeded, and that by these means they may become the causes of pathological manifestations.

There is nothing very startling in the supposition, for does not urea, a normal product of the economy, produce true poisoning, when its elimination is seriously impeded?

As to what particular pathological state may have its origin in these alkaloids, I have no supposition to offer. I have not given the matter sufficient study as yet, and confess frankly that I find the lack of clinical experience in coming to a conclusion upon such a point a serious obstacle.

REPORT OF TEN CASES OF ABDOMINAL SECTION.

BY J. B. GREENE, M.D., MISHAWAKA, IND.

1. Mrs. A., operated on October 28, '82, by Battey's method, for cure of epilepsy, report in March 31, '83, number of REVIEW. After several months absence the epilepsy has returned. The convulsions are not as severe or frequent as before the operation, and the intervals between the attacks are longer. I do not give up hope that she will ultimately recover.

2. February 1st, '83; Mr. B., of Ill., brought his wife, a nullipara, to me. I found that for five years she had suffered with ovarian pain, and reflex or ovarian dyspepsia, and for the last two years with dyspareunia. The right Fallopian tube could be easily felt per recto-abdominal method of examination, and the whole of the right iliac region was very tender. The husband confided to me that he had had gonorrhœa some six years ago, and had communicated it to his wife. Feeling certain that medicine was powerless in her case, I advised ovariotomy. The proposition was agreed to, and February 10, '83, I removed both ovaries and Fallopian tubes, as advised by Tait. I found the right tube greatly dilated, and filled with a pus-like substance, the left tube somewhat inflamed and dilated, and both ovaries taking on cystic degeneration. The patient made a rapid recovery, perfect in every particular. The husband wrote me under date of July 3, '83, from Canada, where he and Mrs. B. were rusticating, that she was perfectly well, and that sexual passion was in no wise diminished from what it was prior to her illness.

3. For over four years Mrs. K., mother of four children, aged 33, had been under my care. She dated her sufferings from a miscarriage at five months, which occurred some six months before I saw her. Upon examination, I diagnosed her disease as cellulitis of the broad ligament and chronic ovarian inflammation. In consultation with some of the best men in the profession, both at home and abroad, my diagnosis was confirmed, and each consultant urged upon me what I already knew, *i. e.*, the necessity of ovariotomy. For over a year she derived no benefit whatever from remedies, and I continually urged her to seek treatment elsewhere, or to submit to an operation; at last she consented, and on March 15, '83, with but one assistant, I operated, removing both ovaries and both tubes. The great wonder in this case was, the ovaries were very little diseased, and the Fallopian tube appeared perfectly healthy. The ovarian disease was such, that upon a post-mortem in a similar case, it would have been passed by, with little if any notice. The broad ligaments were apparently normal, still the patient was a great sufferer; but during the years of her extreme pain she had refused opiates, so great was her fear of the habit. She made a complete recovery and is now in better health than for years. This case shows what great reflex symptoms may accompany an apparently trivial case of ovarian disease.

4. May 18, '83. I was called to a neighboring state to see a lady, nullipara, aged 55, who was suffering from, as diagnosed, intussusception of the bowels. For five days previous to my seeing her, she had had no evacuation from the bowels; her physician had given her cathartics and enemas in abundance. Some twelve hours before I saw her fæcal vomiting began, and continued at intervals up to that time. After examination I had no hopes that she would or could live; however, I suggested that abdominal section might restore her to health; the suggestion was no sooner made than the family urged me to carry it out. I opened the abdominal cavity, expecting to find, if not an intussusception, at least a constriction of the intestines, by fibrous bands; my surprise was great to find a pedunculated fibroid of the uterus, with a long pedicle, imbedded in the right iliac fossa, closing the ileum at the ileo-cœcal junction, completely, by compression. The tumor was as large as an orange, perfectly free of adhesions, and I do not doubt, had I made a careful recto-abdominal examination, I could have pushed it out of the way and relieved the trouble; however, as she made a good recovery, I do not regret the operation, and she is most thankful, as she is relieved of the tumor.

5. Mrs. H., nullipara, age 58, residing in a neighboring county, sent for me May 29, '83, to consult with her physician. The diagnosis we made was ovarian cyst, and an operation advised, which was consented to by the patient and her family. With the assistance of the three physicians of her village, I immediately operated. The cyst was multilocular, and with its contents weighed twenty-three pounds; there were no extensive adhesions, and the patient made a good recovery.

6. June 7, '83. I was called to see Mrs. W., of Michigan, age 28, mother of four children. I found a frail little woman who was suffering (in conjunction with her other troubles) with Pott's disease of the spine. She informed me that at each catamenia she flooded to fainting, and had serious convulsions; during the interim she suffered great pain and tenderness in the right iliac region, and had lost the power to move her right leg or thigh without assisting the motion with her hands. For several days before her periods, the right limb would jerk and twist. Upon examination I found an enormously enlarged ovary, and told her I could

hold out no hope, as I deemed her feeble health a barrier to an operation, and thought there could be no prospect for her to live through one. Still I saw nothing short of ovariotomy that promised anything. Although it was against my better judgment, I finally, upon the urgent solicitation of herself and physicians, consented to operate, on June 11, '83. I made the operation and found an enormous hemato cyst of the right ovary, the ovary adherent and the cyst rupturing in its removal. She lost much blood, and after considerable difficulty the operation was completed, and the patient placed in bed. I must confess that I never left a patient after an operation with as strong regrets and self condemnation as I left Mrs. W., and you may be assured that I anxiously watched for word from her physician, which I received each day. She, to my great delight, took the high road to recovery; although her progress was slow it was satisfactory; she is now fully recovered from the operation; she suffers no longer from the old pain, floodings, or convulsions, has full control of her limbs, and is able to walk out and visit among her friends.

7. June 20, '83. I was called to see Miss S., age 27, single, but mother of one child. She was a nymphomaniac, as well as a catalep; her physician had advised removal of the ovaries; the procedure having been agreed to, the operation was performed according to the method of Tait. I found both ovaries undergoing cystic degeneration; to each was attached a perfect cyst as large as a cherry, and filled with granular ovarian fluid; the right ovary had a spot of calcareous degeneration. She has now fully recovered from the operation; the catalepsy is gone and I hope the nymphomania with it.

8. February 2, '83. I was called to see Mrs. G., nullipara, age 48 years, for abdominal dropsy of some six months duration. Upon examination I diagnosed ovarian cyst, and advised an operation. She informed me that she would die rather than submit to the knife, and that she did not believe she had any tumor. I saw no more of her until July 4, when her husband called upon me, and stated that since I had seen her a Chicago man had treated her for tape worm; getting no better, another M.D.(?) of like ilk was called, who treated her for "change of life—dropsy;" continuing to grow worse she sent for Dr. Grimes, sr., of this place, who confirmed my diagnosis, and advised that I be sent for and an operation attempted. Every thing being in readiness, and the patient anxious, I operated July 5, '83. I found a multilocular cyst of the left ovary, which, with its contents, weighed thirty-four pounds. There were great adhesions to omentum, bladder, and abdominal walls; there were also six subperitoneal fibroids of the uterus, of which I removed four by enucleation. The right ovary was dislocated and adherent in the hernial canal; this I also removed. The patient did well, and on the eighth day, by some accident, the vaginal drainage tube became removed. On ninth and tenth day the patient appeared to be doing as well as could be expected, the wound (abdominal) closed, stitches removed, and every prospect of rapid recovery. On the morning of the eleventh day I found the pulse 150, small, quick, thready; temperature 104 2-5°; countenance sallow and anxious, great thirst, and frequent vomiting, and was informed that during the night she had complained of being cold, and had had several "shuddering" spells, and that no flatus had passed for at least fifteen hours. Of course I was alarmed, and I immediately decided to reopen the wound, which I at once did, when out gushed more than a pint of the most stinking pus it has ever been my fortune, good or bad, to introduce to my olfactories. I thoroughly washed the cavity, closed it to within an inch of the lower end with sutures, put the patient upon quinine and tincture ferri mur., and awaited developments. From thence for two or three weeks the lady continued about in one condition; the wound was inclined to heal; the discharge of pus, though considerable in amount, was laudable in kind. On the 5th of August I was summoned in haste; upon arrival at her bed-side I found that the fæces were discharging through the wound. The condition was one not calculated to make the surgeon happy. However, after thorough cleansing, I cauterised the edges, going deep into the opening. I then applied iodoform dressing; for some two weeks the fæces continued to pass through the artificial anus, but the amount grew less and less in quantity, and the discharge increased, the patient was greatly emaciated, and very much debilitated. I added cod-liver oil to the treatment, together with as liberal diet as I could get her to take. August 25. I noticed the ligature that I passed around the pedicle showing itself through the wound, though still attached. September 15. The ligature passed away, and from that time to the present her condition has been one of continued and rapid improvement. She has taken on flesh and strength rapidly, the wound has closed, and with the exception of an occasional visit she no longer needs my services.

9. July 25. I was called to see Mrs. D., nulltipara, age 28; she was formerly a prostitute; had had gonorrhœa and syphilis. She informed me that she was then over fifteen months pregnant, and flowed almost continually. The case had been diagnosed as placenta prævia. The patient was very fat. Upon first touch of abdominal walls, I was inclined to think that I had an ovarian cyst-complicated with sub-mucous fibroid, to deal with. Thorough examination per recto-abdominal method

convinced me that the only trouble she was having was hemato salpinx. I suggested an operation, which being agreed to, I made preparations, and on August 1st I performed Tait's operation. The adipose tissue of the abdomen was fully four inches thick. The right tube was in the condition I expected to find it. The left ovary was adherent—the attachments so strong that I feared I would not succeed in removing it. There is nothing more in this case worthy of note, excepting that she rapidly recovered. In three weeks she was up; and yesterday, October 5, I saw her at the wash tub. The flooding has entirely ceased, and her general health is good.

10. Aug. 4 I was called to consult with Dr. Grimes upon the case of Mrs. M., widow, age 58, multipara; for two years she had noticed a continued and steady growth in her size. For six weeks she had been losing strength and was confined to her bed. Percussion gave all signs of ascites. She objected to tapping, and insisted that she had a tumor and demanded an operation. On the next morning, August 5, I prepared to make an exploratory incision, and if I found a cyst to complete the operation of ovariotomy. Upon cutting down to the peritoneum, I found it thick and red. Upon going through it, out gushed an albuminous appearing clear fluid, with great flakes of what appeared to be pus. I was sure that I had cut into a cyst, and at once got ready to separate it from its supposed adhesion to the peritoneum. Enlarging the opening I introduced my hand, and was surprised to find a mass of cyst wall stringy and breaking up, but adhered together much as a piece of paper closed in the hands would appear. This condition immediately explained the ascitic resonance upon percussion. The omentum was completely destroyed; the peritoneum was, as also the bowels, thick and inflamed. The mass and fluid weighed twenty-eight pounds.

The patient rallied finely from the ether, and for twenty-four hours appeared to be doing well. On the noon of the sixth I noticed her coughing and expectorating mucous. The mucous accumulation in the lungs increased rapidly, and by sun set she could no longer expectorate. At ten and a half P. M., she died. No post-mortem was allowed.

In all of the above cases I have been very particular to have thoroughly clean hands, instruments, and sponges—no spray—and very little carbolic acid.

ON THE USE OF CHLOROFORM IN LABOR.

BY G. V. WOOLEN, M.D.

Read before the Medical Association of the Mississippi Valley, Indianapolis, Sept. 19th, 1883.

The frequent appearance of articles in the current literature of obstetrical science on this subject would seem to indicate that the practice is not yet established nor rejected. The magnitude of the interests involved in any one case of delivery is such as to make us always solicitous as to all measures offered, to in any way assist in safely facilitating the process. There has been much fine writing on the subject of anæsthesia, and it would oftentimes seem more for rhetorical display than scientific purposes.

It will be noticed that we select chloroform from among the anæsthetics for use, the reasons for which will appear as we progress in this discussion.

Now, it seems to us, the chief reason the obstetric mind is not more settled on this subject is, that it has been dealt with unsystematically, so as not to bring out its excellencies distinctly.

It would appear that there are three specific indications to guide us in its intelligent use:

First. Its effects on the nervous system. Second. Relaxation of muscular tissue. Third. Its effects on the secretions.

The effect of chloroform on the nervous system has been the point in regard to which the greatest amount of interest attached.

In civilized society the majority of mankind are living under quite abnormal conditions. As a consequence of this, the reproductive functions suffer disturbance in a conspicuous degree. Hence it is the rule rather than the exception to find parturition attended with a high degree of suffering. Any argument then, which may apply to induce the relief of pain in any other condition, is applicable, in full force, here. The degree of toleration to pain, bordering upon brutality, which is acquired by the accoucheur, would banish the physician or surgeon into exile. Pain is a powerful nerve depressant, and in pathological conditions it is the element most to be dreaded. And when combined with suspension of nutrition and loss of sleep, as in the parturient state, it greatly impairs the woman's capacity to resist the perils of the puerperal period.

The influence of irritability in preventing the proper relaxation of tissues, as will be seen further along in this discussion, is also greatly to be dreaded, and largely prevented by the use of anæsthetics.

The use of chloroform in obstetrical practice is notable for the small amount of dangerous results, and thus invites its liberal use.

This has been supposed to be due to some increased power of resistance to its paralysing effects developed by the recurrence of pain, and unquestionably is true, but is not all the truth. The immunity is also due very greatly to the selection of cases, which are a class chosen in the prime of life, when the nutritive functions of the body are at their highest degree of activity. Such patients are very

different from those which the surgeon meets—victims of age, disease, shock, etc.

The stimulated condition of the circulation favors sufficient hyperæmia of the brain to also protect against the danger of syncope. Therefore, if for no other reason than the existence of pain, it alone is sufficient to demand the use of chloroform in labor.

The use of chloroform in puerperal mania, and convulsions especially, is attended with results greatly to be desired also, but will not be discussed in this paper.

In the use of chloroform we have an agent to most wonderfully control muscular action as well as pain. Altogether it must be conceded that parturition is the most voluminous of all the motor functions. In women, even of moderate strength and stature, every voluntary muscle of the body is in strong action, the excito-motor force is in a state of the greatest activity, and the uterus unseen and without any participation of the will is making immense contractions. Now, to say that the intelligent accoucheur may not take cognizance of this, and utilize the anæsthetic properties of chloroform to safely and easily conduct his charge of dual life to the finale, is to our mind the merest nonsense.

In doing so, he will have to deal with four different organs, all more or less muscular in structure.

1st. The uterus. 2nd. Os uteri. 3rd. Vagina. 4th. Perineum.

It has been held that chloroform has no control over uterine contraction, and thereby was the more valuable, abolishing consciousness but not uterine action. But this is a mistake, and its belief has interfered with its judicious use. For all ordinary purposes it is desirable to only abolish consciousness, and herein lies one of its chief excellencies. But often it is the excess of muscular action that threatens and also precipitates the greatest calamities in parturition.

It is not enough to say we can ask our patient to cry out and thereby reduce the excess of effort, for volition is often suspended, and in the mighty throes of child-birth necessity seems to know no law of restraint.

The moderation of excessive uterine action and relaxation of the os uteri are primary needs in the prevention of rupture of the uterus.

In the relaxation of the os uteri we witness one of the most interesting and important processes of delivery. It would seem desirable to call it relaxation rather than dilatation. Much is said about the dilating properties of the contents of the uterus, and especially of the bag of waters. But all we know of dilating processes teaches us that the less dilating in character, and the more relaxing are our means, the more efficient they become. We do not mean, however, that efficiency is expressed in rapidity. It is just at this point that the contents of the uterus often become the source of the greatest mischief, notably when the waters have escaped and the hard unyielding parts come in contact with the uterine tissues.

Then, again, it is claimed that the longitudinal muscular fibres exert control over this so-called dilating process, by drawing upon the circular fibres. But this, we believe, is also greatly overrated, for in the first place they are few in number, and not uniformly distributed to act on all parts alike, and if of such importance in this way, why is it that so very often we have a prolapsed condition of the anterior segment of the cervix, even until the very last stages of expulsion?

The circular fibres are as distinct and peculiar in their function as any of the orbicular muscles, and need to be relaxed. This, we see, occurs in a normal labor—softening, relaxation, and hypersecretion being the distinguishing features. Now to anyone who has witnessed these organic changes occur under the influence of chloroform, where no bag of waters has formed, or if so, may have escaped—the parts dry and hot, hard and unyielding—and have seen the heat disappear, the dryness depart with the recurrence of the natural mucous exhalations, the rigidity vanish and relaxation result, with a speedy termination to the delivery, crowning his works, he will indeed feel that it is a boon from heaven of which too much can scarcely be said.

The frequency of lacerations, and oftentimes direful results which follow, as shown by Emmet, loudly admonishes the obstetrician that sitting by as heretofore, and allowing the pernicious dilating process to go on, and if not speedy enough to urge it on by titillation with the finger, and if this is not sufficient, then to stretch it with the fingers or some of the various dilating abominations, or even introducing narrow bladed forceps, as advocated in our hearing by an obstetrical teacher, is not intelligent and skillful obstetricy, but such means as relax not only the muscular tissue in the os uteri, but all of its tissues, are what are imperatively needed. It would seem that the chair of obstetrics and gynecology may have been thus practising a grim joke, the one making a necessity for the other.

The effect of chloroform on the vagina in expediting labor may not be so manifest as on the os uteri, but to our mind is quite distinct and necessary.

It is a muscular tube and is quite capable of retarding the process, especially if not furnished with the normal lubricating secretions. Attention is now freely given to lacerations of the parturient

canal in any of its parts, and none of them are of greater importance in their immediate and remote effects than those of the vagina. We feel assured a sufficient attention has not been given to the vagina, as an element in the parturient process. Doubtless fistules have been attributed to pressure when they were occasioned by lacerations.

In no way does chloroform act more patiently than in its influence on the perineum, both directly and indirectly. This we would expect, since the perineum is peculiarly a muscular structure. The gynecologist appreciates this peculiarity, but it does not seem to be sufficiently regarded by obstetrical authorities. It is treated by them as an organ without parts, whereas it should be considered in the light of a muscular organ intricate in structure.

Much has been written and said as to the management of this organ, but in all the methods suggested, nothing offers so much help and certainty of relief as chloroform.

The perineum as os uteri, and probably more so, should not be manipulated by the accoucheur, but watched with that delicate eye which should be in his index finger. After the os uteri is once thoroughly relaxed, it ordinarily will not be necessary to give chloroform, only to relieve pain. But when pressure begins to be made upon the perineum, it should be kept well in hand, and the greater the distension the more fully should the patient be under the anæsthetic influence. It is at this point that profound anæsthesia should often be secured, as only this will abolish those reflex influences which are so apt to precipitate a quick delivery and lacerate the perineum.

We have already called attention to the power of chloroform over the secretions, but may be indulged in a word more. Authors call attention to this feature, but it is not as specifically dwelt upon as it should be. Its influence in this respect is invaluable, and in no way have we noticed the specific influence of a remedy so marked as this. Warm water may relax tissue, but washes away the secretions. Opiates may relieve pain, but they dry up secretion; but chloroform relieves pain and awakens secretion if not established, and restores it if it has ceased. We need not take time to discuss the value of these secretions, not only for the purpose of lubricating the passages, but their appearance involves a softening and general preparation of the tissues dependent upon the unloading of the congested vessels. What we more particularly desire is, to call attention to the power of chloroform in arousing and restoring them, and synchronously relaxing tissue. We have to seek long and faithfully for specific results, but will not fail when these two results are sought for under the influence of chloroform.

We are not insensible to the objections that are offered to the use of this agent in obstetricy, and will very briefly notice the principal ones:

1st. If too freely used, it is claimed, it retards labor, by abolishing contractions. To which we answer: the era of rapid delivery has come, and with it the heretofore unknown science of gynæcology. That what is wanted more often is time, and not the hurry that we fear too often is indulged in. There is no one fact in obstetrical science which we believe needs greater emphasis at this time than this. If this can be secured by an agent, which, as we have seen, establishes just those conditions most desirable, then why not call a halt in this most pernicious interference?

Again, it is claimed that a predisposition is created to post-partum hemorrhage, which we think as most problematical.

Those who have had the least opportunity to observe do not sustain the presumption, and this certainly is in accordance with our experience. Just recently we kept a delicate patient, apparently especially liable to this accident, seven full hours under its influence, without the least subsequent hemorrhage. If hemorrhage is feared, the hypodermic injection of ergotine secures us from all danger.

The vomiting so much dreaded in surgical practice is not a disturbing cause worth mention in obstetrics.

The fear also of chloroform on the heart's action is furnished as an objection; but, as stated before, the class of cases which calls for its use in parturition are not such as ordinarily have heart troubles, and if so, the stimulating influences of the labor more than compensates for any such influence.

It may be asked, why not use ether? We would reply, because it is a stimulant and not primarily a relaxant. Neither is it so pleasant or so easily given.

It is further objected that chloroform may be injurious to the child when kept up so long, and these, too, who advocate the use of opiates, where rest, time, and relaxation is needed. Now this is just why we choose it in preference to opiates. We have seen some very alarming effects from opiates upon the child, but never from chloroform. In the case just referred to, where chloroform was given so long, the child cried lustily for sometime before its body was delivered. If opium has been given, you have to wait till its effects are gone, though you may have secured the rest, time, and relaxation desired. Not so with chloroform, which can be withdrawn wholly or partially at will.

There seems to be no real substitute for it. Chloral hydrate accomplishes all that chloroform may, but not so speedily, and, as opium, cannot be withdrawn often when desired.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

The regular meeting of the Chicago Medical Society was held Monday evening, the 16th inst., in Parlor No. 44, Grand Pacific Hotel, the president, Dr. D. W. Graham, in the chair. Dr. Edmund Andrews, desiring to present to the society a matter which he deemed of great importance, moved a temporary suspension of the order of business. He spoke at length of the necessity of establishing a public medical library, and formally outlined his plan in the following: 1. That the chair shall appoint a conference committee of five, of which the president of the society shall be chairman. 2. That this committee is hereby instructed to confer with the commissioners of the public library, on the subject of increasing the medical library, and endeavor to agree with the commissioners upon a plan of action, and to report the same to this society for ratification. 3. That this plan shall, if possible, embrace the following features:

That the surplus funds now in the treasury of this society shall be appropriated for the purchase of medical and surgical books and journals for the public library.

That a certain proportion of the annual dues, hereafter, shall be appropriated for the same purpose, together with such voluntary donations as the library committee, hereafter to be appointed, shall succeed in obtaining. That the commissioners of the public library shall take good care of the works purchased, and add a suitable sum yearly. That this society shall claim no exclusive use of the medical books and journals, but desire that they shall be placed in the consultation department and not in the loanable list. That the books thus procured shall be open for free consultation, and all other works in the public library. The chair being duly authorized, the following committee was appointed: D. W. Graham, Edmund Andrews, Oscar C. DeWolfe, G. C. Paoli, E. Ingalls.

Dr. Thomas Addisen was unanimously elected to membership. Drs. Daril, T. Nelson and Frank L. Sherman were proposed for membership, and their names referred to the "Board of Censors."

Dr. James C. Kiernan then presented a paper on "Insanity from Quinine" which elicited the following discussion:—Dr. S. C. Clevenger. I would like to ask Dr. Kiernan if he is not inclined to believe, that in all these cases there was some predisposing cause, and that quinine was a mere exciting cause? I see you alluded to it, but in your report you don't bring out the matter of heredity.

Dr. Kiernan. In all three cases I mentioned the question of heredity. In regard to this question of predisposing and exciting cause, it is not at all unlike the question, whether it is the gun-powder or the light of a torch that blows up a house. If there had not been either a neurotic or insane taint in every case, I don't believe any insanity would have resulted from the use of quinine. It must be remembered that these are all I have observed in three thousand cases coming under my observation. As to the modus operandi of quinine I would say but very lit le. Wood has expressed the opinion that quinine exerts a depressant action upon the heart. It is my opinion that quinine produces its action in this way. It is well known that there are certain cardiac diseases very easily produced by agents having a depressant action. I am therefore inclined to refer this action of quinine to its influence upon the heart. Its action is very similar to other agents having a depressant influence upon the heart. They produce the same types of insanity.

Dr. S. V. Clevenger, Special Pathologist to Cook County Insane Asylum, then read a paper on "History of Insanity in Chicago," after which the society adjourned.

NINTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ILLINOIS, INDIANA AND KENTUCKY.

Held in English's Hall, Indianapolis, Ind., Sept. 18, 19 and 20, 1883.

Third Day, Thursday, September 20, 1883.

MORNING SESSION.

Dr. Wm. A. Byrd, of Quincy, Ill., read a paper on Lawson Tait's Modifications of Battey's Operation, already published in the Review.

Dr. J. Intzie, of Richmond, Ind., read the next paper, on a Case of Prolapse of the Left Ovary—Battey's Operation—Death.

In the early part of November, 1881, he was called on to treat T. H.——, aged thirty-five, a woman with two children aged six and eleven. She had been suffering for a year and had committed an abortion upon herself. She was pale; all her sufferings were increased during menstruation and was tender over the dorsum sacrum and limbs at points. There was constant pain in the left side and slight leucorrhœa. Her menstruation was right as to time, but not in quantity. She had tonic and anodyne treatment ordered.

Upon putting the finger in the vagina there was so much vaginismus that an examination could not be made. Hunter's tri-valve speculum was tried, but the vagina fell in between the spaces, and the os uteri could not be seen. A cylindrical speculum was tried, but she could not endure it. Vaginal

suppositories of morphia and belledonna were ordered with no result. She improved during the summer of 1882. The hyperæsthesia continued; she was ordered iodoform in capsules. Her trouble improved, and a tolerable examination of the womb was made. It was found tolerably healthy, and in a normal position. There was pain, however, in a particular spot of the vagina.

A small tumor was found just behind the cervix, which on pressure gave rise to a sickening pain. Its shape, size, consistence and position left no doubt that it was a displaced ovary. It was pushed back and a small bundle put in the vagina to hold it in place, a small rubber air disc pessary being put in. This was well borne until the bowels moved, when the pain came on; during the removal of the pessary the patient fainted. Mechanical treatment was discontinued. The author and Dr. Weist, of Richmond, Ind., proposed removing the ovaries. After fairly presenting the dangers, etc., of the operation, the patient consented.

On March 9, 1883, Battey's operation by abdominal incision was performed, and both ovaries removed. The right one was healthy; the left enlarged and adherent to the Fallopian tube. The patient died the third day after the operation.

Dr. Thos. B. Harvey, of Indianapolis, Ind., read a paper on Tait's Operation.

Lawson Tait's operation for removing diseased Fallopian tubes with the corresponding ovary has only lately appeared. I wish to add a few points from personal observation. Doubtless, like all new operations, it is destined to be overdone for a time and fall into disrepute for a season. The greatest difficulty in respect to Tait's operation is to determine when it is required, and this is increased by the scarcity of symptoms marking the disease. The first symptoms are derangements of menstruation, not clearly accounted for by uterine diseases—dysmenorrhœa, irregularities as to time, with or without reflex disturbances. Pain in the inter-menstrual period seven to fourteen days after the catamenia. This is not infrequently met with. Tait, in his edition of 1879, says that this irregular condition of intermenstrual pain due to an ovarian condition was noticed by Dr. Priestly, who was unable to refer it to any category, giving two cases. At times it occurs with wonderful regularity on a given day. In one case it occurred on the 9th, in another on the 14th, and in a third on the 7th.

Case I. In 1873, was called in consultation; the pain came on the 14th day and lasted three to four days. That this symptom does not occur in very marked ovarian disease, and when the tube alone is diseased, is as good evidence as we can get. There was a limpid fluid or purulent matter passing from the uterus several months, depending upon an accumulation of fluid. There was complete closure of the tube at its distal end and not at that opening into the uterus. Where both ends are obstructed it is better diagnosed than where there is an occasional exit. When full there is an oblong tumor, and when empty it is indistinct, thickening near the uterus. The pain occurs, but is not reliable. Physical exploration may or may not show disease of the tubes, when not filled by fluids. The manner of exploring is by conjoined manipulation, and by passing the sound in the tube.

Case II. There was a profuse discharge from the uterus, not amenable to treatment. The sound was passed into the uterus and apparently into another chamber nearly vertical. A crayon of nitrate of silver was applied, and pregnancy occurred a short time after. Nothing unusual occurred and she made a rapid recovery.

[*Concluded next issue.*]

THE ARMY.

Official List of Changes of Officers serving in the Medical Department U. S. Army, from September 15, 1883, to October 6, 1883.

Campbell, John, Lieutenant Colonel and Surgeon--Medical Director Department of the South: granted leave of absence for fifteen days. (Par. 2, S. O. 94, Department of the South, Sept. 13, 1883.)

Alexander, Charles T., Major and Surgeon: On being relieved from duty at the U. S. Military Academy, Oct. 1, 1883, to report in person to the Commanding General, Department of the Missouri, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Alexander, Charles T., Major and Surgeon: Granted leave of absence for four months, from Oct. 1, 1883. (Par. 1, S. O. 213, A. G. O., Sept. 17, 1883.)

Gibson, Joseph R., Major and Surgeon: Relieved from duty in the Department of the East, Oct. 1, 1883, and to report by letter to the Commanding General, Department of the South, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Horton, Samuel M., Major and Surgeon: Relieved from duty in the Department of the Platte, Oct. 1, 1883, and to report in person to the Commanding General, Department of the Missouri, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Meacham, Frank, Major and Surgeon: Relieved from duty in the Department of the East, Oct. 1, 1883, and to report in person to the Commanding General, Department of the Platte, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Smith, Andrew K., Major and Surgeon: Relieved from duty at Willet's Point, New York, Oct. 1, 1883, and assigned to duty at U. S. Military Academy, West Point, New York. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 18. CHICAGO AND ST. LOUIS, NOVEMBER 3, 1883. TERMS: $3.00 A YEAR.

DR. WALTER MENDELSOHN, of New York, in an elaborate experimental research undertaken at the Pathological Institute of the University of Leipzig, the results of which he publishes in the October ('83) number of the American Journal of the Medical Sciences, endeavors to determine by experimental methods the actual condition of the circulation in the kidney during fever. He finds:—1. That in dogs with fever the kidney undergoes a diminution in its bulk. 2. That this diminution is due to a contraction of the walls of the blood vessels. 3. That it is constant and progressive, being proportionate to the intensity of the fever. 4. That it is in all probability the result of a nervous stimulus, originating in the central (cerebral) nervous system from the irritation of abnormally hot blood circulating here. From the intimate relations existing between the arterial pressure and the secretion of the urine, it will at once be evident that many of the changes occurring in the latter during fever may be readily explained by considering the above-named facts. Thus the decrease in the amount of urine secreted by fever patients, which has heretofore been ascribed to the increased loss of water through the lungs and skin (and which may amount to one-half, or even a third, of that normally secreted), becomes all the more explicable when the marked contraction is considered, which he here shows that the renal vessels undergo during fever. For in this case it is immaterial whether we accept the theory of Ludwig and his pupils, that the amount of urine secreted is dependent on the height of the arterial pressure in the kidney, or that of Heidenhain, that it is due to the rapidity of the blood-current in the renal vessels. In either case the great contraction of the kidney's vessels would produce both a diminished blood-pressure and a retarded current within the organ, and hence a lessened secretion of urine. The occurrence of albuminuria, such a constant symptom in nearly all high fevers, becomes readily understood when we bear in mind the extreme anæmia which he finds affects the kidney during a hyperpyrexia. For nearly all authorities are now agreed that albuminuria is due to the glomerulal epithelium, in consequence of being insufficiently nourished with arterial blood, losing its function of retaining within the vessels the albuminous portions of the blood plasma. The extreme sensitiveness of the renal epithelium generally to anæmia, whether partial or complete, has been shown by many observers, and it is not surprising, therefore, that in consequence of the prolonged and marked anæmia in the kidneys of feverish individuals, the epithelium should be so profoundly affected as to seriously impair its function, and allow it to become permeable to albumen.

A CASE OF GANGRENE OF THE PENIS as a consequence of acute gonorrhœa is reported by Jezenszky in the Centralblatt für Chirurgie, August 4, 1883 (Med. Times): The patient, a robust countryman, twenty-three years of age, was seen seven days after infection: the discharge and swelling of the penis had then lasted four days. The glans was completely covered by the swollen prepuce; there was a profuse greenish discharge and sharp pain at the root of the penis, which was greatly swollen and of a greenish-brown color. Incisions were made in both sides of the penis, extending along its entire length, and a large quantity of fetid pus evacuated.

On the next day several vesicles had formed on the external skin surface, and a circular line of demarcation was commencing to form at the inner end of the incisions, and three days later the entire gangrenous skin separated; no fever was present. Healing took place by granulation under iodoform dressings, and was complete in about five weeks, leaving two broad scars on the upper surface of the organ.

Another Test for Glucose is advanced for favor with the profession. It is desirable to know them all, but in any doubtful case we should never think of going back on an old friend—the yeast test. It never deceives those who use it and it is always on hand, or at any rate easily obtained; whilst the following (Detroit Lancet) especially under medication, may readily deceive one: A modification of Moor's test for glucose has lately been discovered, which is said to surpass in delicacy any of the tests in common use. To a solution of caustic potash an equal volume of a saturated solution of picric acid is added, together with a few drops of the solution suspected to contain glucose, and the mixture is boiled. If glucose is present, the yellow color of the solution changes rapidly to a deep brown, becoming finally nearly black. Cane sugar does not produce any similar effect. The test is recommended for the detection of diabetic sugar in the urine.

The Advantages of Massage as a therapeutical measure in the treatment of certain affections, notably those of the joints, though known to the profession from the early days of medicine, have recently been brought out more prominently by the success which has followed its adoption by some of the European savants. Writing upon this subject, Dr. A. Heilbrunn says (Medical News): It may especially be used in the following diseases with good results: 1. Contusions and sprains of the soft parts and the bones without breach of continuity. 2. Diseases of the joints of all kinds, both periarticular and intracapsular, bloody or serous exudations and extravasations, false ankylosis, white swelling, rheumatism of joints, gout, especially the so-called neurosis of the joints. 3. Rheumatic affections of the muscles, tendons, fasciæ, as well as hperæsthesia and slight circulatory disturbances in the muscles. 4. Connective tissue indurations, cicatrices, contractures, scleroses, inflammations of the sheaths of the tendons. 5. Paralysis following spinal diseases and after wounds, infantile paralysis, chorea minor, sciatica, commencing tabes, neuralgias, and writer's cramp. 6. Dyspepsia, chronic constipation, and hemorrhoids. 7. Chronic inflammation of the uterus and ovaries. 8. Catarrhal inflammations of the larynx and pharynx, both acute and chronic. He says it has been tried with success by ophthalmologists; that Pagenstecher used it with good results in episcleritis and parenchymatous keratitis, and Dr. Graham (Boston) in muscular asthenopia. By it the functions of joints which were entirely lost are restored wonderfully soon. Its use is contra indicated in all suppurative diseases, also in malignant neoplasms, and finally in those diseases in which the formation of thrombi may be suspected.

The Following are the Conclusions of a paper on the action of resorcin by Dr. F. Righi, of Lignago (Medical News): 1. Resorcin is well tolerated by the human system. Given in frequent or large doses it causes vertiginous sensations, roaring in the ears, redness of the face, and sometimes a sensation of heat in the stomach, with profuse perspiration in about two hours, and coloration of the urine. 2. In miasmatic affections it is a secure remedy against the febrile attack, and destroys the malarial infection. 3. It is efficacious in reducing recent enlargements of the spleen, but has no effect in chronic enlargements. 4. In typhoid fever, pneumonia, and erysipelas it is a prompt antipyretic, but has no influence on the pyrogenic element. 5. In acute gastro-intestinal catarrh it is of surprisingly rapid and certain effect when combined with bicarbonate of soda. 6. In chronic blenorrhagic urethritis it is to be preferred

for local use, over other more irritating remedies, and quickly restores the epithelium to the mucous membrane. 7. In conjunctival catarrh, whether acute or chronic, and in circumscribed affections of the cornea, it is very beneficial, and Masini recommends it as an efficient collyrium.

At the Recent Meeting of the District Medical Society at St. Joseph, an attempt to boycott the St. Joseph Medical Herald was made. It seems that the Herald took occasion to criticize the action of the society, in allowing members to bring personal quarrels before the society to the exclusion of scientific questions. In addition to this the "Herald" spoke rather decidedly on the propriety of giving an entire session of the society to a St. Louis medical man, who delivered a lecture on his own specialty. Resolutions censuring and condemning the "Herald" were offered, but were hardly read before a motion to table was carried. This action so enraged the champions of the resolutions that they launched out in speeches more forcible than elegant, and finally the climax of disorder was reached when one of the members and the editor of the "Herald" came together. The scene became very lively for a while, but the members were at last induced to quiet down and a feeble attempt to discuss medicine was made.

In Concluding an Article upon Spiritus Etheris Nitrosi in the Practitioner, Dr. D. J. Leech says: I have not yet had the opportunity of trying spiritus etheris nitrosi in angina pectoris. That it will be useful Dr. Hay's observations show, since he found its essential constituent, nitrite of ethyl, effectual in averting the attacks. It seems probable that it will not replace nitrite of soda or nitro-glycerine as a preventive of anginal attacks, yet it seems worthy of trial. Wherever indeed nitrite of amyl or soda, or nitro-glycerine can be used beneficially, there we may find place for the use of nitrous ether; asthma, some forms of headache, and certain disorders of menstruation have been benefited by nitro-glycerine, may it not be that in some of these ailments we shall find the exhibition of pure spirit of nitre beneficial; that our failures with it have arisen partly from the use of an impure spirit, partly from the want of knowledge as to the physiological effects on which its therapeutic uses depend; and that the use of the genuine drug in proper cases, may show us that the popular belief in the efficacy of sweet spirit of nitre is founded on fact?

In an Article Upon the Administration of quinine, by Dr. David Young, in the Practitioner, the following conclusions are drawn: 1. Never give quinine in antipyretic doses in cases where the bowels are confined and the secretion of urine is scanty. 2. In cases where it is being administered, and an increase of dose is desirable, this may be safely done if the skin, bowels, and kidneys maintain their normal functional activity. 3. In many cases of remittent and intermittent fevers, the combination of the drug with chloride of ammonium, or a salt of potash or soda, is likely to be more easily tolerated as well as more useful than if it be administered in a pure form. 4. During the administration of quinine, should a headache come on or increase in intensity, the case requires the most careful attention.

The Physicians of St. Joseph, it is said, pay little attention to the mandates of the State Board of Health, from the fact that letters addressed to the Secretary are not answered, and it is almost impossible to gain any imformation concerning the requirements of the Board. Possibly this may be owing to a large correspondence which the Secretary cannot manage unaided, and in that case it would be well for the Board to grant him an assistant, as is done we believe in some of the other states.

We See that at the late International Pharmaceutical Exhibition, at Vienna, Messrs. Parke, Davis & Co., of Detroit, Mich., reaped very distinguished honors. Their display, which was one of artistic elegance, attracted

the attention not only of the laity, but of royalty itself, the Emperor and the Archdukes Karl Ludwig, Ludwig Victor, and Wilhelm taking occasion to compliment the firm, through their representative, upon their enterprise and skill. They were also awarded a gold medal and diploma by the jury of award of the Exhibition. As a piece of American enterprise, this effort of Messrs. P., D. & Co. deserves recognition, and we congratulate them on their success.

Dr. Eugene Smith, of Detroit, corroborates the experience of several authors as to the use of jequirity in granular lids. The mode of using the jequirity bean was described in the Review a few weeks ago; a five per cent infusion of the decorticated seeds made fresh for each case, after standing for twenty-four hours, is applied three times a day for three days. The propositions which De Wecker lays down are as follows: 1st. Incontestably, lotions with the infusion of the seeds of jequirity cause a purulent ophthalmia of a croupal character, the intensity of which can be regulated by the number of applications made and the strength of the solution used. 2d. Incontestably, the cornea runs no risk during the course of jequiritic ophthalmia. 3d. Incontestably, jequiritic ophthalmia cures granulation rapidly. Dr. Smith supports these statements, expressing, however, some caution about the second. He makes his applications with absorbent cotton, and as long as practiable everts the lid before making the application in order to wipe off any croupous membrane formed. The investigation of certain observers supports the supposition that the relief is referable to the introduction of an active bacteria into the conjunctival cul-de-sac, the bacteria developing at the expense of the granulations. Certain it is that bacteria are developed in the infusions used. Whilst on this subject we insert the following, which has been the round of several papers: When cattle are intended to be maliciously destroyed in India, they are pierced with a thorn of the arbus precatorius. Death ensues on the second day. Strange to say, the pounded seeds, taken internallly, have little action. The arbus precatorius is the tree from which the jequirity beans are obtained. Since writing the above we learn from the Med. Age that the author above referred to, Dr. E. Smith, has experimented with a two decorticated seeds to the ounce infusion in phlyctenula troubles. The seeds were allowed to macerate twenty-four hours; it was not filtered, and a fresh solution was made every three days. Eight cases of this affection served the basis of the doctor's observations, and they got well in from three to six days, with one application a day. A case of ulcer of the cornea, apparently a suitable case for a Samisch's operation, after having refused to yield to treatment by the ordinarily accepted method, yielded in a remarkable manner to the jequirity infusion. In order to show that the practitioner must always be on the watch over the influence of a drug which is evidently so useful, we quote from the doctor's paper: That others have failed in its use, I can very readily understand. Fear would deter many from using the stronger solution a sufficient length of time, as may be inferred from the following notes from my case-book of a case of trachoma with pannus, in which it (the three-per-cent solution) was used for three days, three times a day. After the fourth application to the conjunctiva and lids, there was such intense œdema of the lids, particularly the upper, that it was impossible to evert the lids or open widely the eye. The cornea and entire conjunctival sac were covered with a croupal-like membrane. During next forty-eight hours jequirity (same solution) was applied five times. There was a most intense erysipelatous-like œdema of the upper lid, which hung down over the under lid and looked like a phlegmon. Conjunctiva was chemosed and whole eye covered with a thick diphtheritic membrane; the cornea seemed covered with a slough containing extravasated blood, and looked not unlike a complete staphyloma of iris consecutive to a purulent ophthalmia of a virulent type with necrosis of the cornea, the iris seemingly covered with a false membrane of a wine color. No more medicine was used. There was great

headache, nausea, febrile movement and pain, but no distinctly purulent discharge. Forty-eight hours later the swelling and redness of lids were nearly gone, as was also most of the diphtheritic membrane. The following day cornea was seen to be quite hazy with an extravasation of blood in the lower portion. There was also quite an extensive extravasation of blood in the lower half of the ocular conjunctiva. There had been considerable contraction of the superior rectus. Improvement continued without further medication, and patient went home four weeks after first application seeing pretty well. No signs of the trachoma. This patient called to see me October 9th, about seven weeks after first application of jequirity, and was pronounced well.

Intra Pelvic Inflammation was the subject of a paper read by Dr. N. H. Byford, at the last meeting of the Am. Med. Association, the substance of which is contained in the following summation: 1. The sometimes terrible effects of examinations or operations in the pelvis do not often, if ever, take place when there is not a perceptible predisposing inflammation. 2. The inflammation may be so slight as to be easily overlooked. 3. It may be an original condition; the sequence of an acute attack long gone by, or it may be the product of some immediately previous examination or operation, the effects of which have not subsided. 4. To avoid the dangers of acute inflammation, we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain, and when she complains of much suffering, desist at the sacrifice of completeness of diagnosis. 5. Complaints of much tenderness to the touch, or the use of instruments, especially in parous women, is sufficiently diagnostic of inflammation upon which to base treatment for that condition. 6. If, with such tenderness, a thorough examination or an operation is imperative, it should be done under profound anæsthesia. There is no question, in my mind, that much less danger of ill effects is incurred in making examinations or operations on susceptible subjects, under the free use of anæsthetics. 7. Examinations or operations should not be repeated until the effects of the first have entirely passed off. 8. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should be always suspected and its diagnosis be carefully considered in all cases of metritis. 9. When chronic parametritis is present, it should be the chief, if not the exclusive object of treatment until removed. 10. It is not safe to use the sound, sponge-treatment, or intra-uterine stem, when there is perimetric inflammation. 11. It is especially dangerous to replace a displaced uterus, when it is bound down by inflammatory adhesions, by any means which will overcome its fixedness by force. 12. The use of pessaries or supports of any kind, which find their lodgment in the pelvis, is generally followed by disastrous consequences when there is even slight primitive inflammation. 13. All local treatment of the uterus must be conducted with the greatest care in all cases where this complication is present. To which we add, with Dr. Byford's sanction: 14. The most perfect disinfection or cleansing of hands and instruments, preparatory to any examination, should always be effected.

For Sometime Past Rummo has been experimenting with iodoform on animals, for the purpose of determining, if possible, its physiological action. The following is a short resumé of his conclusions. (Therapeutical Gazette.) 1. There is a progressive diminution in the number of ventricular contractions of the heart; an increase in the force of the ventricular systole, and a slowing in the ventricular diastole. 2. The respiratory act remains normal when only small doses of iodoform are administered, while larger doses first cause an increase in the number of respirations per minute, then a diminution sets in until gradually respiration ceases entirely. 3. Ordinary doses increase the temperature 1-2°; larger doses cause an increase at first, then a rapid decline of 4-5° in spite of the tetanic

symptoms that set in. 4. Local anæsthesia, general weakness, diminution of muscular and nervous irritability; reflex action disappears, especially in the extremity in which the injection was made. When administered subcutaneously in the larger animals, there was always vomiting, nausea, dysenteric discharges, marasmus, and all the symptoms of iodism. 5. With regard to the antiseptic properties of iodoform, Rummo has observed that when employed in substance it has not the power to hinder the development of bacteria in liquids favorable to their growth. It has only the power to prevent proliferation; a solution of turpentine has the power of destroying bacteria. This article is very valuable, and adds much to the information needed on the subject, especially since there were so many contradictory statements concerning the efficiency and action of this antiseptic. One author recommends it, while another has nothing but bad results to chronicle from its use, and therefore comes out in the very strongest terms against it; but this paper may do much toward indicating in what cases and in what manner it is to be applied.

An Eastern Journal makes note of a long fenestrated forceps for the use of circumcision; claiming that by means of this device, due to the ingenuity of one of their contributors, the stitches can be put in situ before the circumcision is effected. We would remark that such a forceps has been in the market for a number of years, and is known as Ricord's circumcision forceps. We would also add, that it is quite a mistake to claim that the stitches can thus be put in situ before circumcision; as in the majority of cases where the foreskin is contracted, not even the central stitch is found in good position, and all the others will be found to have simply passed through the external integument and the cellular tissue, without touching the inner part of the prepuce, and consequently it will be impossible to make use of them.

To Show the Farce of some at least of the preliminary examinations of the medical colleges, we take the following from the Medical Age: A young man, a few days ago, after paying his money into a medical college in Michigan desired to attend another college, and requested the return of the fee. This was, of course, refused. The young man had not yet passed his matriculation examination, and he thought he saw in this fact a way out. Accordingly when he came up for examination he deliberately answered but three of the twenty-five questions asked him with a view to determining his fitness to appreciate the technical study of medicine. He called the next day for his money, never dreaming but that he had been rejected. Not so, however. He was informed that the examination had been entirely satisfactory. This aroused the young man's latent ire, and he raised a row in which he threatened a law-suit and exposure if his money was not immediately returned. This threat brought the authorities to terms and the money was promptly refunded. Truly such facts as these should cause the profession to besiege the legislature for the relief which it can grant.

In an Article on the Treatment of measles, in the Lancet, Dr.D. Maclean says: We have thus clearly set before us the line of action to follow: (1) To relieve the congestion of the mucous membrane of the lungs, which is the immediate cause of danger; and (2) to destroy or reduce the violence of the disease itself. This I have been in the habit of doing, I believe, successfully, by giving (say to a child two or three years of age) a teaspoonful in water of the following mixture every three hours: Ipecacuanha wine, half a drachm; syrup of squills, half an ounce; quinine, two grains; acetate of ammonia solution to two ounces. The quinine to be increased according to age. We have in this mixture a stimulating expectorant and diaphoretic to relieve the tension in the mucous membranes and the skin, and also in the quinine a specific to destroy or abate the violence of the primary ferment. There may be a necessity to add to or modify the form in which this plan of treatment is carried out,

as when the irritation and cough are persistently great, then the addition of a little tincture of hyoscyamus is all that is necessary. Sometimes there is such irritability of the stomach that the quinine must be left out of the mixture, but as it is essential that it be given for the destruction of the ferment, it can be administered separately in powder mixed with saccharated carbonate of iron, which diminishes the irritant action of the quinine. He has used this form of treatment for a number of years, and finds it good in all types of the disease, even in that form in which the eruption is of a deep purplish color, generally considered the most fatal. He says that he does not remember to have signed a death certificate either for the disease itself or its effects.

On the Subject of Acute disseminate neuritis Dr. Roth, of Basel, in the Correspondenze f. Schweizer Aertze, narrates the following interesting case: A workman, G. S., twenty-five years, was stabbed in the abdomen on the 2d of February, 1882. The small intestine which protruded through the wound was replaced, and the wound was closed and dressed with all necessary antiseptic precautions. Healed well. On the 15th of February, thirteen days after the accident, left-sided parotiditis occurred, on the following day facial paralysis and a light fever. On the 22d day of February the parotid abscess was opened, thereupon impairment of hearing occurred and a discharge from the left ear, and the facial paralysis became total. The difficulty of hearing and the discharge disappeared, but the complete paralysis could not be relieved by any means employed. Suddenly, forty days after the wound in the abdomen, disphagia occurred, then suddenly paralysis of the tongue, aphonia, and associated with an occasional formication a paresis of the extremities. Under the influence of the increasing paralysis, which extended to the respiratory muscles and the heart, death occurred on the forty-sixth day. Consciousness was never disturbed to the last. The autopsy revealed nothing to the naked eye about the location or cause of the paralysis. The microscope, however, revealed the peripheral system as the seat of lesion. The pathological changes were: 1. Parenchymatous; destruction of the myelin sheath even to a well marked fatty degeneration; axis cylinder irregularly swollen; the neuclei of the Ranviers segment and the surrounding protoplasm increased; the sheath of Schwann often and for a considerable extent filled with round and somewhat elongated cells, in which was contained much fat or myelin. 2. Interstitial; the intrafascicular connective tissue was studded with small lymph corpuscles, and with larger roundish, irregular and spindle formed elements, among which was contained many fat globules. In places the cell proliferation was very marked along the blood vessels and in the substance of the sheath. The localization of the pathological processes varied considerably; diseased nerves were mingled freely with healthy ones. Sensitive nerves only slightly affected, whilst the motor nerves were extensively diseased. Of the nerves of the head the second and third were normal. The fifth was only slightly affected, whilst the seventh contained only a few healthy fibres. The ninth and tenth were only slightly changed, whilst the recurrent branch of the tenth and eleventh and twelfth were greatly changed. Of the spinal nerves the anterior and posterior roots were only slightly affected, but the finer branches of the pect. major musc. were greatly degenerated. The pathological process in the peripheral nerves was diagnosed as parenchymatous and interstitial neuritis. The case was clearly one of reflex paralysis.

Dr. C. Maglieri says: 1. The decoction of lemons in malarial affections gives results equal to and better than quinine. 2. It is not only active, but even after the latter drug ceases to be active. 3. It is not less active in chronic malarial affections. 4. It does not present any of the disadvantageous effects of quinine. 5. Its administration is possible also in catarrhal conditions of the digestive tract. 6. Its cheapness renders it eminently popular.

Dr. Ziehl records a Case of cancer of the pancreas occurring in Professor Erb's clinic at Heidelberg (Med. Record). The case itself presented no unusual features, but the predominance of gastric symptoms suggested the stomach as the seat of the disease, which was marked by the appearance of a painful tumor in the left side of the epigastrium, and by jaundice. The motions were of a peculiar silvery-gray color, and found microscopically to consist in great part of masses of acicular crystals soluble in ether; chemical analysis showing the stools to be composed of fat to the extent of half the solids. On dissection there was found a large scirrhous cancer of the pancreas, which had invaded the walls of the stomach and duodenum, and occluded the common bile-duct. The pancreatic duct was dilated and distended except at its termination, which was lost in the cancerous mass. The writer, after saying that the case illustrates the well-known fact of pancreatic disease being marked by the occurrence of fat in the stools, shows that the form in which the fat occurred in this case was exceptional, almost requiring the microscope for its detection, whereas it usually occurs in amorphous masses recognizable at once, and not in crystalline form. He further shows, by reference to cases recorded by Friederich, Nothnagel, and Gerhardt, that when fatty crsytals in excess are present, there is not only pancreatic disease, but also occlusion of the bile-duct, the last-named author finding crystals resembling tyrosin and leucin in a case of catarrhal icterus.

A Case of Interest to physicians was recently decided in the Baltimore City Court (Maryland Med. Jour.). A lady sent for a physician to attend her nurse, who was sick at the lady's country residence. The nurse failing to pay the bill it was sent to the lady's husband, who also refused to settle it. The doctor then brought suit against the gentleman, and the court held that he was responsible for the payment for medical services rendered his employé, the doctor having been sent for by the wife, who had the right to make her husband responsible for the services rendered. The decision in this case was just and right, and we commend the doctor for refusing to allow himself to be defrauded. There is too much leniency on the part of physicians in regard to the collection of their bills, too much fear that they will injure themselves with the community if they appeal to the courts to compel the payment of their just dues. This is all wrong, and works an injury not only to the physician but also to the people themselves, and it is only by pursuing just such a course that physicians' bills have come to be so notoriously hard to collect. If physicians generally would adopt the rule, and stick to it, that for services rendered they will not only demand, but force if necessary, the payment of a just fee, the community would soon acquire the knowledge that physicians must be paid; of course this only applies to those who can pay, but who try to shirk their obligations. We know this is an old and well worn subject, but its agitation can do no harm, and the case above afforded us a text. Be sure always to make out your bills in the name of the party requesting the service, otherwise the courts may not afford relief.

Dr. Geo. W. Johnston, of Washington, D. C., in an elaborate paper in the October, 1883, number of the American Journal of the Medical Sciences, presents the most complete clinical study of Calculous and other Affections of the Pancreatic Ducts in our literature. Altogether he has been able to collect only thirty-five cases in which, upon post-mortem examinations, stony concretions were found in the pancreas; he cannot but believe that calculi are present in the pancreas far oftener than is supposed, and he can only attribute the paucity of medical literature upon the subject to the inexperience or carelessness of observers.

We are pleased to note that the nomination of Dr. E. M. Nelson, editor of the St. Louis Courier of Medicine, as a member of the City Board of Health, was unanimously confirmed by the City Council at its last meeting.

Dr. Gregoric advocates a new method for the treatment of hydatid moles (Med. Record). When the diagnosis is definitely made, uterine contractions should be induced by a vaginal tampon and subcutaneous injections of ergotine. Then, as soon as the os is dilated for about an inch, the contents of the womb are to be forced out by Crede's method. This need not be done rapidly, but may be practiced repeatedly at short intervals. The mole is squeezed out through the vagina, as the author expresses it, like a sausage. The uterus quickly contracts, and the hemorrhage ceases.

Dr. Arthur Van Harlingen, of Philadelphia, reports in the American Journal of the Medical Sciences for October, 1883, the results of his experience with the use of naphthol, which was first brought to the notice of the profession by Prof. Kaposi, of Vienna, about two years ago. He finds it is one of the most efficient and agreeable remedies for scabies which has as yet been brought forward. Both in the rapidity of its action, and in its beneficial effects upon the inflamed skin, it is superior to any of the means ordinarily employed for the cure of this disease. Its exact place in dermatic therapeutics remains to be ascertained, but he is inclined to think that it will not prove an unimportant one. In eczema it has failed in his hands to give the same beneficial results as were obtained by Kaposi. In most cases of vesicular and in acute eczema generally its action is simply that of an irritant. On the other hand, it has a limited field of action in the cure of a certain number of cases of squamous eczema of the scalp. In his opinion it is a valuable addition to our external means of treatment in psoriasis. Kaposi speaks well of it in psoriasis of the scalp in particular, and his experience would lead him to place it near chrysarobin and pyrogallic acid in effectiveness without the neutralizing disadvantages of either these drugs. In seborrhœa of the scalp naphtol is a decided addition to our means of treatment. While inferior in some respects to sulphur or carbolic acid, it has a certain range of usefulness which further experience will in all probability more exactly demonstrate. Naphtol is highly lauded by Kaposi in the treatment of hyperidrosis, but in Dr. Van Harlingen's hands it has failed entirely, although used strictly according to his formulæ. He considers it quite valueless in this disease, so far as his experience goes. His experience leads him to regard its effects in ringworm as inferior to almost all of the remedies at present used, and as almost entirely inefficient in most cases of tinea versicolor. In pediculosis he has had no experience, but in a single case of pediculosis capitis its action was favorable.

Dr. R. Saundby fully confirms the results obtained by Da Costa and Longstreth in relation to the co-existence of changes in the semilunar ganglia with inflammatory lesions of the kidneys. (Am. Practitioner). These changes are: 1. In acute Bright's disease, a simple increase in the round-cell elements of the stroma in the ganglia. 2. In the "large white kidney," a marked increase in the stroma as well as in the cell elements. 3. In the mixed forms of renal inflammation, in addition to the changes above indicated, the ganglionic cells show signs of pigmentary degeneration, and the vessels may be dilated and hypertrophied. 4. In the atrophic kidney the stroma of the ganglia is greatly increased in amount, the cell elements are diminished, the ganglionic cells are scanty, shrunken, and in a stage of pigmentary degeneration, and the vessels are invariably dilated and hypertrophied. The number of cases examined by Saundby and the authors referred to was twenty-four, and in every one changes of the character just described were found in the semilunar ganglia. The constancy of this association of lesions seems to suggest a relation existing between the changes in the ganglia and those in the kidney; and Da Costa and Longstreth suppose that the latter may be the direct result of the former. Saundby, however, combats this idea and holds that the ganglionic lesions are the results of irritative action set up by the renal disease, it being well known that, in a great number of patho-

logical conditions in which there is structural alteration of any of the viscera, irritative changes do occur in the related sympathetic ganglia.

A Case of Tartar Emetic poisoning with recovery is recorded in the Med. Record by Dr. Stratton. The patient swallowed by mistake about one hundred and twenty grains of tartar emetic. After the lapse of a quarter of an hour vomiting violently set in. By the use of tannic acid, stimulants external and internal, and anodynes, the patient fully recovered.

On the Question of compensation for those isolated on account of contagious disease, the Medical Gazette says: Has it ever occurred to our health authorities that an efficient mode of controlling contagious disease would be by allowing to those isolated on this account some monetary recompense. Would such action on the part of our Health Board be practicable, and would its effect be to control the spread of contagious disease? The question has beeen suggested to us by a resolution recently adopted by a Trades Union Congress in England. "That having regard to the failure of the Public Health Act, 1875, to stop the origin and spread of disease, this Congress is of opinion that it is desirable to so amend the Act as to render it incumbent on local authorities to isolate persons in whose houses infectious diseases exist; that compensation should be granted for any loss arising thereby; and that the Parliamentary Committee be instructed to use its influence in securing the passing of such a Compensation Act." The Congress virtually asserts that the right of others to be protected is greater than the right of one to infest on all sides. It is most important to a city to adopt every possible means tending toward the suppression of contagious disease. No doubt many cases of such disease among the working classes which attempt to avoid the Health Inspectors would gladly seek their protection and willingly agree to isolation could they by so doing be assured of compensation while ill. The subject is certainly one worthy the attention of our health officials, in view of the known inadequacy of inspection and the difficulties of effecting isolation.

An Imitation of Horsford's Acid Phosphate having been placed upon the market, the Supreme Court of Rhode Island, in July, 1882, enjoined its further sale in any package which was a substantial or colorable imitation of Horsford's preparation. This injunction was violated, and the Court on the 24th of September 1883, issued a writ of attachment against the parties and fined them three hundred dollars each. So much for trying to steal a reputation.

In Young Women suffering from chlorosis and hysteria there is often, according to Dr. Fabre (Med. Record), a condition simulating phthisis. There is a cough, with expectoration, and even spitting of blood. Physical examination reveals dulness at the apex (usually on the right side), feeble respiration, and occasional râles. The author regards these symptoms as due to a vaso-motor disturbance exciting a pulmonary congestion. Other organs may also be subject to functional disturbances. Obstinate anorexia, gastric pain, occasionally diarrhœa, but more frequently constipation, are not seldom present. The pulse is weak and frequent, like that of fever, although the temperature may be normal. Sometimes, however, there is elevated temperature, but it is only transitory, and regular evening exacerbations are never observed. The expectoration is not purulent, but may be mixed with blood. While in true phthisis there is emaciation, in these cases the patients often increase in weight. Sweating, as a rule, is not met with. The differential diagnosis is often difficult, and the author relates that cases have not infrequently occurred in which a diagnosis of pulmonary consumption was made, but the patient nevertheless recovered. The condition may exist without material improvement for months, or even years.

The Man who "threw up his hand" must have been very sick.—Boston Advertiser. What a 'retch!

CONTRIBUTIONS.

OBSERVATIONS ON SPONGE GRAFTING.

BY EDWARD BORCK, A.M., M.D., OF ST. LOUIS.

[Read before the Tri-State Medical Society, at its Meeting held at Indianapolis, Ind., Sept. 19, 1883.]

MR. PRESIDENT:

Last winter, a year ago, I took a notion to run up to Jacksonville, Ill., to pay my venerable friend Dr. D. Prince a long promised visit. I shall never forget that visit, for two reasons: First, it was the most bitter day I ever experienced, but I did not mind that. Arriving at the town I hadn't to search very long before I saw the doctor's sign, and himself standing near his gate. I need not say that I spent a pleasant day, for it would be almost impossible not to be well entertained in his company. He takes great delight, not alone in showing his interesting cases, of which he always has a good number on hand, but also in explaining his various methods of treating and manipulating the same, and he understands to perfection how to make his explanations instructive and interesting. We had a day of medical or rather surgical talk. In our conversation we struck the topic of skin and sponge grafting. He arose, went to his closet, and produced therefrom a bottle with prepared sponge grafts, some of which he presented to me for trial.

Now, Mr. President, this sponge grafting is the second reason why I shall never forget that visit, and it is to what I have observed in practice with the sponge graft that I invite your attention.

Sponge dressing is antique, and sponge grafting has been in use for a long time; I cannot tell, however, who the genius was that first employed it. The grafts are prepared in different ways, every one to his own notion. As a rule in general, a fine piece of sponge (Turkish) is soaked first in some of the diluted acids, then washed with an alkaline solution, and kept in an antiseptic preparation, such as Listerine, ready for use.

This graft is prepared after the doctor's method, thus: a fine sponge is soaked four or five days in a twenty per cent. solution of hydrochloric acid, then taken out and squeezed dry, and put into or saturated with a mixture of one drachm of iodoform to one ounce of sulph. æther, for a day or two, air tight; after this the æther is evaporated and the sponge is ready for use, and is kept in an air tight vessel. The second method is, to put the sponge for a few days in the twenty per cent. solution of the acid, then remove it and preserve it in carbolized castor oil, strength of ten and a half per cent., ready for use.

I will now illustrate with a few cases from private and dispensary practice my experience with sponge grafting:

A gentleman who had indolent ulcers on his left leg for the last eleven years, was sent to me by his physician. He was depressed in spirit, suffered great pain at night, and consequently loss of sleep; he had tried everything in vain; his doctor told him to try the rubber bandage, which he did, twisting it around his leg without any benefit but injury, why? because his doctor did not teach him how to apply it. There was no history of any specific disease; injury was given as first cause. I encouraged the patient by telling him that if he carried out my treatment faithfully for twelve months, his leg might get well. I put him upon an alterative treatment, with good diet and rest; sprinkled the ulcers with iodoform and simple dressing. "Iodoform dissolved in æther and used with a spray, covers wounds very nicely and thoroughly." As soon as the ulcers began to look healthy, I grafted into them pieces of sponge prepared by formula No. 1, cut across the grain one line in thickness, covered with mole skin plaster, I prefer that plaster because it is soft (it need not be heated nor be wet), and taught him how to apply the rubber bandage. One week later I removed the plaster, but not the sponge; it had firmly adhered, the leg looked well, granulations sprung up nicely through the sponge, though the sponge seemed to be at least one-half absorbed. I have tried in other cases the removal of the sponge every second or third day, as recommended by some, but I know by experience that such only disturbs the granulations. Unless the sponge graft falls off by itself I do not replace it by new pieces; if it has loosened one-half or one-fourth I cut the loose part off and replace it by fresh, and do not disturb that part which has adhered. It required but three or four new grafts; the ulcers healed; the man felt happy. Cotton bandage will answer when the rubber can not be obtained. Other and similar cases I treated with the same good result. Now my success with the sponge prepared according to formula No. 2 has not been so good; however, it answered in my hands as an elegant dressing in unhealthy suppurating ulcers. So long as the ulcers are in such a state the dressing has to be renewed daily, until the constitution is improved and healthy granulations begin to spring up, then its usefulness ceases, and formula No. 1 has to be resorted to.

One other case, a lady patient of mine suffered from the sequelæ of syphilitic infection, "primary sore received six years previous." When I first saw her the whole left gluteal region was eaten out; thin, watery, offensive matter ran from that and other sores that were scattered here and there; the throat was also ulcerated. I put her upon consti-

tutional treatment, and the sponge dressing. After careful treatment for several months, the system improved and the sores began to look healthy; now I instituted the sponge grafting, and actually the result was far beyond my expectation. It seemed that the whole gluteal muscle was reproduced again with strong skin covering.

But sponge grafting can be used for other wounds. I saw an account in a medical journal where a child had burned its hands, the cicatrix contracted leaving the fingers in extension, consequently they are of little use; the surgeon made at intervals transverse cuts over the joints of the fingers, and planted sponge into the wounds; the result obtained was good. I have seen Dr. P., in his institution, use this method in a very bad case of contraction after a severe burn. I have tried the sponge grafts after burns and other injuries as soon as granulation begun, and have been pleased with the result.

But one more case: a man fell off a railroad train, receiving several bruises and tore almost the whole skin off his left hand, dorsal side. With the loss of the skin, the tendons of the extensors were exposed. Knowing the result that would follow by the contraction of the wounds during the healing process, I first thought of dressing with the carbolized oil sponge, but changed my mind, cleaned the wound well, stopped all bleeding, and at once grafted the wound over with the sponge graft, covered with a piece of antiseptic gauze. After five or six days I looked at the wound, no suppuration, granulation had already commenced, those pieces of grafts that were loose I cut off and replaced by new ones; kept on that way till the wound was healed, and obtained by this process a broad and pretty firm cicatrix; of course I kept the hand flexed all the time.

Now, gentlemen, previous to my employing the sponge grafts, I was very fond of skin grafting in all its forms, by shifting, plastic method, by transplantation, by very small grafts, and by very large grafts, with more or less satisfactory results, but it is tedious sometimes. Now I am fond of sponge grafting, for the results obtained are so gratifying.

The main advantage that I have observed with sponge grafts in flesh wounds is, "the prevention of contraction." This may be due only to the mechanical influence, in what other way it may act towards securing the beneficial effect produced I cannot tell. Perhaps the antiseptic influence of the iodoform has something to do with it.

But do not understand me to say that one can heal all sore legs or wounds alike with the sponge graft; in some cases the mechanical with a simple hygienic treatment suffices, in others the constitution has to be attended to according to circumstances. But so much is sure, it is worth while for every practitioner to give it a trial. I believe that sponge grafting can take the place of skin grafting in most cases, and may be advantageously employed in addition to plastic surgery.

If I have not given you anything new, nevertheless I hope I have drawn your attention to something useful.

Thanks for attention.

ON THE COMPARATIVE VALUE OF AMPUTATIONS AND EXCISIONS OF JOINTS IN VIEW OF THE STATISTICS AND RESULTS.

BY R. E. HAUGHTON, M.D., OF INDIANAPOLIS, IND.

"Amputation has been said to be the opprobrium of surgery." This is, however, to take a narrow view of its objects. The first object of the surgeon is to save life, if jeopardized; secondly, to save limb, if it be compatible with the safety of the life. If it become necessary to sacrifice a limb that life may be saved, this, says Bryant, is the "*truest conservatism.*" Hence, *conservatism* is not to be understood always the salvation of a *limb*, but it may be the best, highest conservatism to *sacrifice* it. To sacrifice a limb which could or should be saved, is a surgical error which no true surgeon should make when imbued fully with the conservative ideas, yet I am quite sure life has often been sacrificed in a timid and false idea of conservatism, both in the forces or powers of nature, as well as a false conservatism which made an effort to save a limb which ought to have been amputated early. We shall not attempt to present the history of this operation, except to say that the methods of amputation continued for fifteen hundred years about the same, and the "*father of British surgery,*" *Wiseman*, employed the same method less than two hundred years ago which had been in vogue by Archigenes fifteen hundred years before in Roman history. It was a fearful record of suffering by the red-hot knives, chisel and mallet, boiling oil, hemorrhage, etc. But having reached a period in which now we decide questions upon the basis of a true conservatism, with the light and knowledge of all the past upon us, we come to the question of convenience, comfort, usefulness, and comparative danger of the *two* methods now presented to us—both in disease and injury, viz., *amputation* or *excision*. First, we have those cases of traumatism, which are those accompanied by shock and followed by inflammation, with all its destructiveness and consequences, which may require one or the other, as the surgeon may decide. Secondly, those cases of disease of bones and joints, which may be finally combined and require the judgment of the surgeon as well as his skill.

"It is an error," says Bryant, "that timid surgeons are most likely to fall into when inoculated with the narrow views of a spurious conservatism, since to leave a limb alone, with the hope of saving it, is a passive act of the professional mind which requires no effort, while to face the fact of amputation requires courage, backed with knowledge and a full sense of responsibility." "The operation itself requires '*mechancial skill, nicety*' of execution and adaptation, but the judicial question is the one of its 'necessity or otherwise,' as well as balancing the additional question as to which operation gives the patient the best results for future life and labor." We refer now to the mechanical appliances in the shape of artificial limbs, which are so readily obtained, both upper and lower, and so completely do they accomplish the intention of their manufacture that a man will walk better with an artificial leg properly adjusted to his stump than by any other measure which is intended to rid him of disease, together with a bone or joint, in the form of a resection or excision which is intended to save the *limb below* the joint at the sacrifice of the joint and the preservation of a shortened limb. Coming to the question of the comparative value of resections or excisions and amputation—saying now nothing for the moment as to the statistics, that if we balance the two operations, viz., a limb amputated, so as to make an adjustment after recovery, and a joint destroyed or removed by excision, and shortened so as to make a stiff limb, and an iron step or elevation to the shoe or boot with much more halt or limp in the gait, I for one would prefer the *amputation*, all things considered. The comeliness, the greater comfort of dress, and *address*—all are in favor of the amputation. But we shall go further: if we examine the question of comparative ease of making an amputation with that of the excision of a large joint, we shall find that amputation has largely the advantage, and we think we shall be able to show that the mortality, whether in country hospitals, country private practice, in city hospitals, where cases have come up from the country, in amputations is very much alike, if we except the cases arising in the large cities of the world, which are operated upon in hospitals. Callender makes a similar statement to this in the *Barthol. Hosp. Reports*, 1869, and Dr. Steele has gone much farther, and proved by statistics that amputations made in London for injury on patients from the country are, as a rule, more favorable than when made in town cases—the difference between the two classes being far less marked in mortality in amputation for disease than for injury. *Guy's Hosp. Reports*, 1869–70.

It may safely be asserted that in cases of inflammation of the joint, especially at the knee and elbow joints, because of the specially useful function of these two joints, no operation should be made, nor entertained, so long as disorganization of the joint has not occurred, because so long as this has not taken place there may be recovery and a useful limb preserved, with more or less motion, or indeed if a complete anchylosis occurs it is better than an operation. The fact that we have an inflammation which has proceeded to suppuration does not justify operative procedure, because this condition is overcome by nature or by the aid of rest and treatment, and thus the limb may be saved from operation. This will depend very largely upon the vital powers of the patient and the proper care of the joint. We are of the opinion that cases are operated upon which should not be, and in which, with "*physiological rest*" and good support, the suppuration ceases before there is any necessity for any operation. These questions as to the true conditions and necessity for excision or amputation require much thought and good judgment—carefully estimating the possibilities of the disease and its causes. Again, if we have disease of bone in the vicinity of a joint, extending to joint surfaces, involving synovial membrane, and followed by suppuration and disorganization, including softening of bone, then excision or amputation is imperative; but the choice of operations—giving the best choice for recovery and the best limb for future use—is a very different question. These facts are now well sustained, clinically and pathologically; good reasons exist why recovery by any mere natural process cannot occur, hence there must be some operation. This whole question may be studied as to the facts or principles under three propositions, viz., first, the situation and function of the joint to be excised or removed.

Secondly, the condition of the general health of the patients, the constitutional affection, age, etc.

Thirdly, the nature and extent of the disease, and how much influenced by constitutional or other circumstances.

First, then, *The importance* of *the function* of *the joint and limb*. In the upper extremity, if it be possible to save the limb and preserve the motion of limb, hand and fingers, with even a small degree of motion to the joint, is to be regarded as preferable to an amputation, which removes it. Motion imperfectly secured in any joint in an upper extremity is better than no limb, provided disease is removed, and also provided that after "an excision the limb does not hang by the side as a useless appendage, more of an incumbrance than anything else." In the shoulder and hip joints the question of an amputation for disease, except it be some form of malignant disease which may fully be removed thereby, some of which I have seen and in which the question of excision probably could not be en-

tertained, if any operation in these cases is made, it should be an amputation, and made early on account of its more or less rapid extension to surfaces beyond the limits of an amputation. Again, in gun-shot injuries, where these operations stand one over against the other, also the fact of the nearly uniform fatality of primary amputation at the hip, as proved by modern military surgery in the war of the rebellion, in which we have 53 amputations at the *hip*, 34 Federal, 19 on the other side.

In hip excision, 85 cases, 77 died, 8 recovered, being 90.6, while Dr. Culbertson Zanesvile in his prize essay gives 121 cases, with mortality of 89.07 per cent., while he gives in amputations 183 cases, 162 died, 18 recovered, and 3 not known, mortality per cent, 90. In the knee-joint again, it is more difficult, and if we estimate the dangers from both operations, and suppose we get by excision a saved joint, but anchylosed, and after the most successful excision, and compare this result with an amputation aided by an artificial limb, and we conclude (the risks to life, and advantages of the artificial substitute) overbalance the question in favor of an amputation carefully done, either through the condyles, or just above them, so that an adjustment can be made most usefully. Then again, in making an excision of a joint we have the additional risk of a failure and a necessity for a consecutive amputation. Excision is advocated I know, and is made among a class of cases which may have been otherwise healthy, or in which there has not been much disease, and which may be possible to remove by a small removal of bone. It is in injuries of the knee which occur from machinery or gun-shot or rail-road, or other similar causes, that we find excision is not practised or advocated, because these injuries are extensive for such an operation, whether it be in *civil practice*, and other *reasons* exclude it in military surgery; hence it is found that in limited injury, or in limited disease, it is possible for excision to accomplish the *greater* good. So, too, the same thing holds good in the ankle joint, as the results in the hands of British as well as American surgeons show. "In the hands of Hancock and other operators, including T. Holmes, the operation of amputation at the ankle joint is so much less severe an operation and so much more certain of success, that even now few physicians attempt an incision." We might go farther in the case of the ankle joint, where there is disease requiring either an amputation or an excision, and remark that if the disease is extensive and involving the osseous surfaces, and it is a question what operation ought to be made, the operation of Pirogoff or Symes' amputation at the ankle might be considered rather than going higher up or making an incision in which it is difficult to make a success, while an amputation in either form mentioned makes an eligible operation, which is preferable to an excision which may or may not secure equal advantages or require an amputation higher up at a later period to remove continuing disease. The tarsal articulations are not at all favorable for an excision, as the folds of a common synovial membrane extend to all the adjacent surfaces, and the bones as well as the joints become diseased, so that excision promises nothing favorable. If but one or two bones of the tarsus become involved, then it might be best to remove them, yet is a question of judgment and experience. The second proposition, viz., "*the state of the patient.*" One general fact is to be understood, that excision of any of the larger joints requires the patient to be in good health otherwise than the joint trouble, not worn out by disease in any specific or constitutional form, and whose nutrition is good, so that the excision, if made, has the best chance of success. The extent of the disease and the age of the patient must also have a very important influence upon the question of excision, and, if performed, is found to succeed best in younger periods of life. If we look to extraneous influences which may have an influence in deciding the question between amputation and excision. First, the question of facilities for treatment, and which have reference mostly to the *lower* extremity. Excisions as compared with amputations require much longer time, constant care, proper position and *splints* for weeks and possibly *months*, with a doubt or fear that they will not recover at last, while amputations will mostly get well in a month, so as to have the patient get out on crutches, and when well, has the additional advantage of an artificial limb being adjusted to the stump, which will serve him better than an anchylosed limb, made so by an excision. Again, as before suggested in regard to malignant disease of the shoulder joint or adjacent tissue, so it may also be said of malignant disease of the articular ends of bones or indeed other parts of bone. Malignancy is of such character in structure that it requires amputation if possible, and even then cutting wide of the disease it may return to attack the stump or appear in some other remote structure to continue its deadly work. Again, excision is not to be practised in acute affections of joints, as acute abscess or other acute disease, as it is not possible to determine that such a procedure will remove the disease, but it is far better to allow the acute trouble to pass by, supporting the patient and by free incisions and drainage endeavor to arrest or limit the progress of disease, and finally, if that cannot be done, then resort to an amputation as early as may be best indicated, as at the knee and

ankle it is regarded much more favorable, and in joints other than these the operation of excision is much less favorable than in cases which might be called chronic. Chronic disease in its varied forms affecting joints, therefore, is the form for excision, and these may be said to be somewhat exceptional, if the excision is found to be the most satisfactory operation, and if ever found to be so could be found in the elbow, shoulder, hip and knee joints in the order here stated.

Shafts of long bones furnish, perhaps, the most favorable circumstances for the operation of excision or resection, as here the disease can be so removed and managed that restoration to health is the rule rather than the exception. Necrosis of shafts of bone, if quite extensive, may be removed by a resection, relying upon the periosteal sheath or covering to reproduce the bone, at least to such an extent as to restore impaired or lost function. Whole shafts of bone have been removed, and not only without detriment, but improving the conditions of health and usefulness of the limb. But on the other hand, if we have caries affecting the bone extensively, then not only is *excision* or *resection not* adapted to the case, but amputation is much more clearly indicated, especially in the bones of the lower extremity and in the upper extremity, is certainly of very doubtful propriety. But the question of value is more properly between excision of joints and amputation at or above the joints for conditions which *require some operation* to be made. To settle the question upon the best basis, we shall gather up some of the statistics which indicate very clearly the status of this question, and I think I am not pointing in the wrong direction when I say that surgical experience is satisfied that excision is an operation which requires the highest type of skill and judgment *in advance* for its selection and completion, and is to a certain *extent* waning in its *estimated value* as compared with amputation. It should also be said "that amputations undertaken for acute suppurative disease are mostly fatal, and operations for excision are equally unsuccessful." —*Bryant.*

Conditions which require an operation of some kind.—In disorganization of a joint from *articular disease*, an abscess in the epiphyseal *cartilage*, or a sequestrum in a long bone *entering* into the composition of a joint, or chronic abscess of bone opening into a joint—some operative measure is reqired and should not be delayed. Hence the question arises, what operation shall be employed? Shall it be an amputation or excision? This is a problem which the novice in such questions is not likely to settle readily and correctly, as there are many questions which enter into it. One of these questions is an extraneous one, yet should have its place and influence in making up a judgment. I refer to artificial limbs. But before we attempt to determine what influence this question may properly exert, let us look at the statistics, as gathered up from accessible sources. Bryant gives a table of 294 cases of amputation of the thigh for chronic disease of knee joint at various ages, and Mc Cormac gives 137, making a total of 431. Of these, 96 died and 335 recovered, making a mortality of 22 per cent. or 1 in 5. Hodges gives 178 cases of *excision* of the knee, solely for chronic disease, of which 70 died and 108 recovered, the mortality of excision being 39 per cent. or 1 in 2½ cases. Here the circumstances are exactly similar, both operations being undertaken for chronic joint disease, and the mortality is exactly double. Here Bryant says: "I have carefully guarded against any fallacy and have included only my own statistics." (Vol. 13, *Med. Chirurg. Trans.*) In reference to Dr. Hodges' table of excisions, he says, "that with three exceptions performed for acute inflammation of the joint, excision of the knee has probably never been undertaken for any other than chronic disease or white swelling." The following facts are taken from *Swain's* prize essay on excision, who is a warm advocate of this latter operation. He says up to 1865 there had been 316 cases of excision of the knee. Of this number 85 died or 26.8 per cent. Nine of these died after amputation, which had been performed in 39 cases after an excision. Since 1865, 74 cases are given, 25 of which died from the operation, or 33.7 per cent. Four also died out of 11 that had a subsequent amputation. 29 cases of the 74 died, or 39 per cent. Swain gives a *special, select* list of cases, 84 in number, of which 15 died from the operation of *excision* and 4 recovered after amputation. We have 472 cases of excision of the knee and 129 deaths or 27.3 per cent., 13 of these being after subsequent amputation, and 41 other cases had amputation and recovered; of the whole number of cases (472), 302 or 63.9 per cent. recovered after excision. 41 or 8.7 per cent. recovered after secondary amputation, and 129 or 37.3 per cent. died after excision, showing that the mortality from excision was greater than from amputation in the same class of cases, the relative proportion being 27 to 22 per cent. Holmes makes a criticism upon Swain's tables, by saying "that it is a suspicious circumstance that all of 302 recoveries are claimed as recovering with useful limbs." If the information had been at all adequately full, there should have been a category of recoveries with the *limb labelled more or less useless*, since it is a well known fact that the utility of the limb, in many cases in which it seemed perfect at first, becomes destroyed by subsequent changes." In childhood suspension of growth is not an unfrequent result,

and when the epiphysis is removed, such a result may be looked for.

Comparison of statistics by Bryant.—"In Bryant's tables of amputations for chronic disease of the knee joint, in persons under twenty years of age, out of 69 cases only 3 died or 4.3 per cent., or 1 in 23 cases. In excision for the same class of cases at the same age, out of 97 cases 27 died, or 27.8 per cent., or 1 in 3⅔, the difference of mortality of the two operations being 4.3 per cent. to 27.8 per cent.—excision being therefore *seven times* as fatal as amputation in early life. He thus pertinently puts the question, whether the advantages of excision are so great as to 'justify its performance in the majority of cases of the knee-joint.' In amputations undertaken between 21 and 40 years of age for chronic joint disease, out of 119 cases 38 died, or 32 per cent. or 1 in three. In excision under similar circumstances, out of 74 cases 39 died, or 52.7 per cent. or more than 1 in every 2 cases, the difference between the mortality of the two operations in the class of cases being 32 per cent. and 52.7 per cent. respectively, being 20 per cent. *against excision* and in favor of amputation."—*Bryant's Surgery*, *p.* 843.

SUMMARY BRIEFLY.

It would appear from these facts that *in young adult life excisions*, although always more fatal than amputations, if ever resorted to, is the most proper time for them; in childhood, they are far too dangerous; while in patients of middle life, all admit their inapplicability. The truth must be recognized, however, that the operation is, as heretofore practiced, much more fatal than amputation. Are the advantages of excision therefore so great as to justify a surgeon in choosing to perform this operation, with 20 per cent *mortality* against it, to secure whatever advantages may be thought to attach to it? Certainly not; according to the rule of ethics or morals which govern in the performance of other operations, namely: *conservative methods*, and the *most successful* results to patients. It may be a question of earlier or later operations, and whether better results would obtain in earlier ones. "Is it to be therefore a question of expediency, and not one of necessity?" It should not be performed when the question is one of saving the life of the patient, as amputation is not generally a question until there must be something done to save life. Hence excision coming at so late a period does not fill the want or indication, as its mortality is far too great as compared with amputation, and if it is done at all, it should be sufficiently early in the progress of the case to secure all the possible advantages which can grow out of it, if a success. "Therefore, in doubtful cases amputation is the most desirable, as it has been shown to be the safer operation, which should always be the important consideration with a surgeon." Hence now, in view of the fact that amputations are the most successful, we also find another fact, indicating to us the amputation, viz: That after amputation the adjustment of an artificial limb, by which the patient's locomotion is in a good degree restored, quite as well as that by a stiff limb, can be made so easily that it is a matter of no moment that the operation is a mutilation, and was formerly said to be the "opprobrium of surgery." This opprobrium has largely passed away, and may now be regarded as the safest and best way out of such dangers as have been presented as belonging to joint troubles when operative measures must take place.

Criticism on the operation of excision made at the various joints:

The operation has been made more frequently at the elbow and knee-joint than any others for various reasons, most frequently at the elbow—at these two joints it may be said more successfully than in others; yet it is usually regarded, and I think correctly so, a much more formidable operation in respect to the mortality than is amputation of the arm, but as yet no sufficient data exist by which a just comparison may be made.

EXCISION OF THE WRIST JOINT.

This operation has been done of more modern time successfully, thanks to the labors of Prof. Lister, not only here, but also aided by the methods of disinfection. However, it may be said that it is very seldom *advisable*, as it is not easily done, and very often, more or less, impairs the use of a hand which has only been saved to be of no special value, but often impaired and useless.

HIP-JOINT EXCISION.

This operation is a very grave one, yet not so grave as an amputation (at the same-joint); yet the most widely different opinions exist or have been formed by surgeons. The reason is very clear, that so often after an operation the recovery seems so quick and ready that we are forced to consider if a spontaneous recovery might not have occurred in the case, and thus a dangerous operation have been avoided. The rate of mortality is very high, so that of 111 cases in which the result was known, 56 recovered and 53 died, and in 2 cases amputation was made. If the operation is made for injury, it is FAR more serious than when done for disease, and the reasons for this are sufficiently obvious. The mortality per cent., as shown by Otis' report on this subject of the experience during the rebellion, was about 90 to 92 per cent.

KNEE-JOINT EXCISION.

The favor which has been accorded to this operation is not due to a lower rate of mortality. Dr.

Hodges has very clearly shown that in general practice the mortality has been about 33⅓ per cent., an average mortality much higher than that which occurs in "amputation of the thigh in its lower third, for chronic disease of the knee." (See Brit. and For. Med. Chi. Rev., July, 1862.) In addition to this there is that class of cases which have died, and those whose limbs have been amputated; we find that the failures in knee-joint excisions are equal to those which have been successful. The conclusion which surgeons have reached, which cause them to advocate it, must rest upon *considerations* and facts other than those of the mere *mortality*, after either amputation or excision. The mortality, even under the best methods of disinfection, is not likely to be less than after amputation, and as the mortality is now shown to be *seven times* more than amputation, when considering all varieties of resections, it must be regarded a question of very grave consideration to the surgeon and especially his patient, when about to be submitted to an ordeal which is so much the more dangerous than amputation is now known to be.

CONCLUSIONS.

1st. No excision should be made in aged persons.

2nd. No excision should be made in very young persons.

3rd. No excision should be made if there is even a suspicion, much less evidence, of the existence of phthisis or other constitutional disease.

4th. No excision should be made in acute disease or injury. (*Extraneous considerations.*)

5th. Excision may be made in cases where it is the hand, or foot, and limb to be saved, and which is of more than common value to the patient, hence the elbow and knee-joints may be excised under proper considerations.

6th. The shoulder and hip-joints may be excised when it is a *greater* mutilation and greater loss to lose the limb by amputation, and the patient has equally good chances for recovery after the excision as after amputation, which is rarely possible.

7th. Excisions are not to be made in cases of *malignant disease* of the articular ends of bones or other parts of bone.

8th. Excisions should not be made for acute abscess in the knee-joint, and most likely not in *any case* of acute abscess.

9th. Excisions of joints are generally *seven times more fatal* than *amputations under* the same circumstances and in the same class of cases.

10th. No surgeon is justifiable in subjecting his patient to excision, in view of all the facts made known, unless there are good and substantial reasons for assuming the greater risks by seven times for his patient, and the extraneous circumstances which must overbalance in favor of an excision with the seven times greater mortality against it, is a *moral and surgical responsibility* which we think to be anything but conservative.

Respectfully submitted to the Tri-State Medical Association by its author.

CORRESPONDENCE.

EDITOR MEDICAL REVIEW:

ST. LOUIS, Oct. 26, '83.

I notice in the "WEEKLY MEDICAL REVIEW" a criticism of the action of certain medical gentlemen of St. Louis who have given their opinions in regard to a combination of coca and tobacco, which found their way in the shape of an advertisement into the public prints. As I am one of the parties referred to, etc., as having most reason to complain of the advertisement referred to, I desire to state that as soon as this publication was called to my notice, I addressed a letter to the agent procuring the same, stating that such procedure was unauthorized and distasteful to myself and others, and asked that it be immediately withdrawn. Dr. Bauduy joined me in this request, and I have no doubt others would have done so, had my note been submitted to them. Our request was promptly complied with, and I hope this will end a matter which is distasteful to those connected with it.

I have made this explanation in deference to those whose feelings may occasionally suffer from attacks of hyperæsthesia in regard to the "*code of ethics*," though, for my own part, I fail to see how the public expression of a conviction that tobacco combined with coca is less injurious than tobacco alone is in any sense an infraction of the spirit or letter of a code which for twenty-five years I have studied and conscientiously striven to observe. It is simply an honest opinion, concerning which there is no mystery or secrecy whatsoever.

Very Respectfully, WALTER COLES, M.D.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

ST. LOUIS, Oct. 27, 1883.

The President, Dr. Barret, in the chair.

Dr. A. H, MEISENBACH presented a specimen in the shape of a hand which had been caught in the revolving knives of a planing machine. There was neither pain nor hemorrhage. Upon arrival the doctor found a buckskin thong tied tightly around the arm. He amputated, and there was no hemorrhage. The arm was dressed antiseptically, but one or two hours after being sent home there was a

fearful hemorrhage. In the operation the radical and ulnar arteries had been ligated and the interosseous twisted. The bleeding was so severe that the pillow and bedclothes were completely saturated. The arm was placed vertically and a tourniquet applied above the elbow. The patient did well. The hand was extremely mangled, the palmar aspect, however, being intact. The doctor called attention to the fact that, in secondary hemorrhage, it is not always necessary to reopen a wound in order to control it.

Dr. G. Hurt, some thirty years ago, was called in the mountains to attend a young man who had been chopping a tree, which split up and in some manner catching his hand at the wrist. This amputated the hand and drew out all the flexors of the forearm, there being no hemorrhage nor any bone fractured above the wrist. The wound was simply dressed with a happy result.

Dr. D. V. Dean thought that good judgment ought to be used in such cases. There are many cases where the hemorrhage is stopped by simply opening the wound.

Dr. L. G. Atwood was called a year or two ago to amputate the arm of a boy of twelve, who had a gun-shot wound. There was no hemorrhage after the operation, and he recovered without ever having any.

Dr. A. C. Bernays said that the treatment of amputation wounds is an interesting subject. He employed a method which he would recommend to others. He employs an Esmarch tourniquet and lets it remain until he has dressed the wound. The dressing must be put on very tightly so as to get union by first intention. The tourniquet is then removed. He has used this method and never had secondary hemorrhage.

Dr. T. B. Shapleigh read a paper on the value of Inflation in Diseases of the Middle Ear, accompanied with Closure of the Eustachian Tube. He stated that it was one of the most important therapeutic agencies in aural therapeutics. Three modes of inflation are employed: Valsalva's, Politzer's, and by means of the Eustachian catheter; of the latter he purposed saying nothing, as its use is confined to specialists. He described the method of the two former processes, and insisted upon the superiority of the method of Politzer for two reasons: it allows a greater pressure of air to be used, and it is not accompanied by the congestion of the head, neck, and mucous membrane of the ear accompanying the Valsalvian method. Politzer's method is superior to Valsalva's because: 1. With a few exceptions, it is applicable to a greater number of cases. 2. There is more decided mechanical and therapeutical action. 3. It causes no congestion of the vessels of the middle ear and labyrinth. The objection that it requires instruments, and some one who can use them, is in its favor, as the indiscriminate employment of Valsalva's method is injurious, and it is used improperly from the ease with which it is done.

Dr. Meisenbach removed a plug of wax from the ear of a patient complaining of tinnitus, and found the drum membrane inflamed around the zone of the handle of the malleus. He inflated the middle ear by Politzer's method, and the next day the ear seemed normal.

Dr. T. F. Rumbold thought the subject of the paper an important one. He does not believe that the density of the air in the middle ear is equal to that outside; and it cannot be proven in a healthy ear. All facts go to prove that the air in the tympanum is rarefied. He adduced some experiments to prove this. He also thought that a great pressure is not necessary to inflate the middle ear; one-half pound to the square inch is sufficient. A better and more complete inflation can be gotten by using a small force, a little at a time. There are three classes of patients in whom inflation of the middle ear does good: 1. Young patients having a plug of mucus in the Eustachian tube. The mucus is fluid and is in the lower part, which is slit-shaped and provided with mucous glands. The air in the typanum is absorbed and this plug prevents its entry. 2. Older patients, where the mucus forms a wedge allowing too much air to enter the tympanum, producing autophony. 3. Those suffering from non-suppurative otitis media. In these an eyelet is placed in the ear and it is inflated, the inflation allowing the ossicula auditus a better position and preventing the Eustachian tube from causing deafness. Dr. R. used suction from the outside to empty the Eustachian tube, but it produced complications.

Dr. Dean said that any one could close the mouth and nose and inhale, and the mucus would be drawn into the pharynx and the drum membrane drawn in.

Dr. Hurt thought that when the suction was removed the mucus could return. If there was perforation of the membrane he could understand how it was done.

Dr. Bernays did not believe that the Eustachian tube has much to do with the function of hearing. The human embryo at some stage has four gills, and he believed that the Eustachian tube is nothing more than a remnant, corresponding to the inner termination of the second gill, for which we can find no physiological uses. The fact of its existence shows that it has some slight function, or it would have been obliterated long ago.

Dr. Rumbold stated that the function of the Eustachian tube is to graduate the amount of air

entering into the middle ear. It is essential for hearing that the membrane should remain in a certain condition.

NINTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ILLINOIS, INDIANA AND KENTUCKY.

Held in English's Hall, Indianapolis, Ind., Sept. 18, 19 and 20, 1883.

(CONCLUDED.)

Case III. Was married and sterile. Had dysmenorrhœa, leucorrhœa and pain in the left side was followed by nervous prostration. There was tenderness and thickening on the left side near the uterus. It was pronounced salpingitis and the diagnosis verified by passing a uterine probe six inches into the left Fallopian tube, following it by a sound. The patient has been better since this dilatation.

Case IV. This was a case with anteflexion of the uterus and disturbed and painful menstruation and sterility. A limpid fluid was discharged with diminution of the tumor in the right fossa. Pain ten to fourteen days after menstruation. After thorough dilatation of the uterus and tube several times, together with injection of a drachm solution of nitrate of silver, there was marked benefit.

A patient, unmarried, had been an invalid of eight years. Previous to that time she was a hearty, robust young woman. She had an attack of typhoid fever, which was followed by menstrual troubles. The first attack lasted until the next menstrual epoch. The uterus was treated internally and with a pessary. There was some improvement, but the symptoms returned at her periods; pain ten days after menstruation. She was seen and treated by many physicians. She was given morphia by all, on account of constant vomiting. At one time thought she had gall-stones. At another it was thought she had spinal curvature and a plaster of Paris jacket was applied; it was diagnosed as curvature and as hip-joint disease. The os uteri was scarified at her periods to relieve the congestion, and with benefit. She took calomel, was cupped, bled and blistered. Finally she became bed ridden and four months before the operation took six grains of morphia daily. On June 16, an exploratory incision was made and an enlarged ovary was found on the right side. All plans had been tried and it could not be found on physical exploration. The incision was enlarged to four inches in the skin and three in the peritoneum. A sound was introduced into the uterus, and it was lifted up and turned to the left, bringing the right ovary and Fallopian tube into view. The ovary was captured, and the tube in a high state of congestion. A double silk ligature was fastened through the ligament. The tube was tied within an inch of the uterus, cut off, and the ends seared, the stump being dropped back. The other ovary and tube were left, as they seemed to be healthy. The incision was closed and no rise of temperature of any consequence took place until the fourth day, when phlebitis was feared. 102° was the highest temperature. She made a good recovery. Menstruation took place six weeks after. It will be remembered that this operation is more difficult than ovariotomy with a large tumor, because the ovary is difficult to get at. The suggestion of lifting up the uterus and turning it to one side has not been seen in any author; it is not applicable where adhesions exist. Parturition, gonorrhœa, scarlatina or other zymotic diseases may produce this condition.

DISCUSSION.

Dr. Eastman said that the surgery of women was in advance of any other department of surgery of to-day. The reader said that the inter-menstrual pain is due to an obstruction of the Fallopian tube: Tait says that the tube is so clumsy that it cannot grasp the ovum which falls into the peritoneum, the pain being caused by its efforts to grasp the ovum. While expert fingers may pass a probe into the Fallopian tube, we should be extremely cautious in doing so. Tait says some women would be much better off if the sound had not been used at all.

Dr. Borck spoke in regard to Dr. Byrd's case, saying that when the external wound will not close readily he uses pins, passing beads on them, which he fastens with lead. If there is swelling you can break one or two beads and relieve the tension. If the surgeon can cut through the linea alba there is little hemorrhage. But if this method be used the peritoneum will get between in closing the wound, and the aponeurosis will not unite, and the patient will have ventral hernia. A preferable method is to sew the peritoneum first and then the rest.

Dr. Byrd had used pins and he could also readily see how the linea alba would not unite. He generally made his incision on the side.

Dr. Thompson had seen the young lady operated on by Dr. Harvey. She had choroidal congestion and atrophy. He had noticed a connection between uterine disease and chroidal troubles; but it might only be a coincidence.

Dr. Sutcliff remarked that Dr. Harvey said that there was no danger that any strong astringent solution would get into the peritoneal cavity; yet he had seen a case: A young lady attempted to inject a solution of sulphate of copper to prevent conception. The solution found its way into the peritoneal cavity, and she died in two hours. On examination, the uterus and Fallopian tubes seemed healthy.

Dr. Haymond reported a similar case caused by an infusion of oak bark. There was instantaneous

peritonitis, and death in twenty-four hours. He has frequently applied uterine injections with no bad results.

Dr. Fairbrother thought an interesting point in Dr Byrd's case was the finding of a double vagina.

Dr. Borck remarked that Dr. Intzie said that the ovaries cannot be cured, and he is right; but he forgot to say that their function is also destroyed. In respect to Dr. Harvey's method of lifting up the uterus, he said that he packed the vagina full of absorbent cotton, and this holds the uterus up in position. He understood Tait to say not to always remove both ovaries, but to remove the diseased one and examine the other, and if in the least excited, to remove that one also.

The Secretary, Dr. Burton, next gave an abstract of an article by Dr. Gross, on The Importance of Having Trained Nurses, read at the last meeting of the American Medical Association, and published in the Medical News, of Sept. 15, 1883, and offered the following resolution, which was adopted:

Resolved, That this society, fully recognizing the importance of this subject, respectfully recommend the establishment, at every county town in our States and Territories, of schools or societies for the efficient training of nurses, male and female, by lectures and practical instruction, to be given by competent medical men, members, if possible, of County Medical Societies, either gratuitously, or at such reasonable rates as shall not debar the poor from availing themselves of the benefit.

Dr. J. F. Hiblerd, of Richmond, Ind., read a paper entitled, "What is the Proper Management of a Child During the First Seventy Hours of Post-Uterine Existence?"

There are five salient points in the management of the new-born:

1. Cutting the funis. 2. Cleansing the skin. 3. Dressing the cord. 4. Dressing the child. 5. Feeding the child.

The cord should not be ligated. By waiting for the cessation of pulsation, all the blood in the placenta goes to the child. The cord is cut long and stroked to stop hemorrhage. At the time it is dressed it is cut short and the gelatine of Wharton squeezed out to dry quicker. It is not wrapped in anything. There is no danger of hemorrage under thes circumstances. The vernix caseosa acts as a protection to the skin and should not be removed. The dress should be a loose wrapper of cotton flannel, and the diaper of the same material. The child should never be given anything but its mother's milk. All this is under the supposition that the child is healthy. The whole sum of this discussion consisted in upholding the writer's views upon this subject.

AFTERNOON SESSION.

Dr. G. V. Woolen, of Indianapolis, Ind., read a paper on Chloroform in Labor, which appeared in last issue.

A paper on the use of the obstetric forceps by Dr. J. A. O'Reilly, of Louisville, Ky., was read by title.

Dr. H. C. Fairbrother, of East St. Louis, Ill., then read a paper on Phlebitis, in which he gave the principal characters and signs of the disease, together with its differential diagnosis from other diseases simulating it. He also gave the history of a case of phlebitis, in which death followed in four days from embolism.

Dr. Wm. H. Myers, of Fort Wayne, Ind., read some notes on Tracheotomy with cases, in which he advocated the operation to be performed early in all cases of tracheal obstruction, whether from disease or from foreign bodies. The author does not believe in the spontaneous expulsion of foreign bodies, and believes delays are dangerous. The author finally suggested tracheotomy as a possible remedy in chronic laryngeal trouble.

Dr. Porter said that it was necessary to use extreme caution in cases of foreign body, and, in certain cases, it was best not to operate too early. Dr. Beard reported a case sustaining early operation.

EVENING SESSION.

Dr. S. J. Jones, of Chicago, Ill., read a paper on The Influence of Errors of Refraction and Defects of Accommodation, in which he called attention to the fact that great mistakes were made in not having the eyes examined early by competent oculists, and proper glasses fitted. That the habit of applying to the self-styled opticians and buying glasses indiscriminately, without regard to the condition present, did more injury to the sight than if nothing had been used.

Dr. Reynolds thought that the remarks were very pertinent, but the material and manner in which glasses are made was also very important. Dr. Jones said that spectacle frames are almost of as much importance as glasses. It requires a great deal of care to properly adjust the glasses and frames.

A Plea for the Earlier and More Thorough Treatment of Diseases of the Ear, by Dr. S. J. Jones, of Chicago, was read by title.

The Treatment of Pleuritic Effusions, by Dr. Jno. Chambers, of Indianapolis, Ind., was also read by title.

The President-elect, Dr. Griffiith, of Illinois, was introduced, and made a few remarks; after which thanks were returned to the retiring President, Dr. Wm. Porter, of St. Louis, for the efficient and impartial manner in which he presided, and also to the hotels and railroads for their courtesy in reducing rates.

The society then adjourned to meet in Springfield, Ill., in 1884.

THE WEEKLY MEDICAL REVIEW.

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THE ELECTRO-OSTEOTOME is a new instrument described at length by Dr. Milton J. Roberts in the Med. Record. It is a circular saw worked by electricity. It consists of a small electro-motor actuated, through insulated wires, by a powerful battery and carrying a circular saw that revolves in a plane parallel with that of the central shaft. A hollow cylinder with a collar-like base is firmly screwed to the end plate of the motor and forms the handle of the instrument. Upon this a soft-rubber hand-piece, fashioned like that of a carpenter's chisel, is slipped and fastened in position; an arrangement which adds security to the surgeon's grip when operating. The central shaft of the motor is continuous through the hollow hand-piece. At its distal end, a right-angle mitre-gearing connects it with the saw-bearing pivot. A metallic shield guards the proximal aspect of the serrated blade. Shields are provided for each size of saw. The depth of cut which it is possible to make with a given saw of course depends upon the diameter of the blade, being a trifle less than the distance from the centre to the periphery. The direction of the kerf, however, can be so modified as to enable the operator to easily divide a bone having a greater diameter than half that of the saw he is using. Speaking of its advantages he says: I may say, in illustration of the labor and time-saving qualities of the electro-osteotome, that in operating for double knock-knee and bow-legs, I have removed wedges of bone in from thirty seconds to one minute that would require from fifteen to thirty minutes to chisel out. The incision made with the saw is clean, the severed ends of the bone are not comminuted, and the two cut surfaces can be readily and perfectly coaptated.

AT THE ANNUAL MEETING of the British Medical Association Mr. Clement Lucas opened a discussion on "The Surgical Diseases of the Kidney, and the operations for their relief," of which the following is an abstract (British Med. Journal): He commenced by stating that the greatest advances in the treatment which had taken place of late years were those made in the indefinite borderland which separates medicine from surgery. It was in this barren and desolate tract we must look for fresh discoveries. The credit of having awakened a new interest in renal diseases, and of having, by experiment on the lower animals, made sure of his ground, was due to the late Professor Simon, of Heidelberg, who in 1869 successfully performed nephrectomy for the cure of a fistula of the ureter following ovariotomy. Since then, extirpation of the kidney has been performed upwards of a hundred times. The operation of nephrotomy has been much more frequently undertaken, and the removal of a stone from the kidney, which used only to be attempted when a sinus or tumor existed, has been several times successfully performed before the kidney had suffered any severe damage. In casting a glance over diseases of the kidney to determine which might admit of surgical treatment, it was necessary to exclude at once all such diseases as attack equally the two organs; hence, the various degenerations, included under the name of Bright's disease and lardaceous disease, must ever remain outside the province of renal surgery. On the other hand, conditions which disturb the functions of one organ only, for the most part admit of relief by operation. Painful moving or floating kidney being only a mechanical disturbance admits of relief

only by mechanical means. Simple exploration and replacement through an incision in the loin would probably be found sufficient in the majority of cases for the cure of this condition, the adhesion resulting serving to retain the organ in position. Hydronephrosis, a dilatation of the pelvis and calices of the kidney with watery fluid as a result of obstruction below, admitted of surgical treatment when one-sided, the author suggestting these cases should be first aspirated, then cut down upon and drained through the loin; the cyst-wall being stitched to the parietes. Large isolated cysts of the kidney having no communication with the pelvis were rare. They should be aspirated and afterwards drained through the loin. Hydatids of the kidney, also rare, had a tendency to discharge themselves through the pelvis. When forming tumors, they could generally be cured by aspiration or syphon-tapping. Pyonephrosis, which resembles hydronephrosis anatomically, but contains pus instead of urine or watery fluid, when unilateral falls under renal surgery. The double pyelitis, with suppuration and distension, which commonly resulted from stricture and enlarged prostate, the author said was inappropriately named "surgical kidney." He suggested the term reflux pyelitis as better expressing this condition. Reflux pyelitis when one-sided was due to some obstruction in the ureter, and then often gave rise to a large pyonephrosis. Other causes of unilateral pyonephrosis were calculus and strumous pyelitis. After speaking of the diagnosis and stating that these tumors were more adherent, and gave rise to more pain and constitutional disturbance than hydronephrosis, he said that nephrectomy for pyonephrosis had been performed twenty-eight times, and of these seventeen recovered and eleven died, but it was most worthy of notice that among these twenty-eight cases six had previously discharged their contents through a fistula in the loin and all these recovered. Hence, he argued, it was better to drain a pyonephrosis before performing nephrectomy. Neoplasms of the kidney could only be treated by nephrectomy, and if this were performed early, there might be a good chance of permanent benefit. Generally they were too large to be removed except through the peritoneum, but of five cases removed through the loin, four recovered. Out of sixteen removed by ventral incision, ten died and six recovered. Calculus of the kidney offered an excellent field for surgical interference, but the difficulty was to make sure of the diagnosis. Many cases of supposed calculus would turn out to be strumous kidneys. Several cases of nephro-lithotomy were recorded in the Clinical Society's Transactions, and two cases had been performed successfully at Guy's Hospital during the present year. When the kidney was much dilated and damaged, it would be a question whether it might not be better to remove it. After briefly alluding to injuries to the kidney, which, though not included under the title of the paper, might suggest nephrectomy, the author proceeded to speak of some details in operating. He recommended for the lumbar operation a combination of two incisions which he had employed as giving the most room, viz.:—an oblique incision higher than the colotomy incision, within about half-an-inch of the last rib and parallel with it, and a vertical incision on the outer margin of the quadratus lumborum, extending from the upper edge of the last rib to the iliac crest. For the transperitoneal operation Langenbuch's incision external to the rectus muscle was to be preferred to the median incision, as it enables the operator better to reach the kidney through the outer layer of meso-colon. In conclusion, he urged that antiseptic exploration of the kidney through the loin is a simple and not at all a dangerous operation, which may be undertaken without anxiety in any case where calculus is suspected; that it is generally wiser to tap and drain fluid tumors of the kidney before proceeding to remove the diseased organ; that when nephrectomy is decided upon, the extraperitoneal operation through the loin should always be chosen for any tumor it is possible to withdraw through the limited space at disposal; finally, if this course be adopted the transper-

itoneal operation will be reserved for large solid tumors, and, perhaps, some floating kidneys.

On Hysterical Affections among children, Franz Riegel communicates five cases to the Zeitschrift f. Klin. Medicine, one of which may be taken as a representative case. B., twelve years, was formerly healthy; fell sick eight weeks before with fever and pain in both knee joints. Every attempt to stretch the legs drew forth cries of pain, so the patient did not move about and for four weeks had been on crutches. The legs were held in a flexed condition, so that only the tips of the toes touched the ground. No change in the knee joint. By distracting the attention it was found that the knee could be flexed without remarkable pain. By a sudden irritation with a pencil from an induction coil along the back, the child jumped from the stool, ran to the window and remained cured.

The old Oleum Amygadalæ Amaræ, or oil of bitter almonds, which was recognized as being as poisonous as prussic acid, has been replaced in commerce to a certain extent by a cheap and easy method for manufacturing essence of bitter almonds for flavoring purposes—and which is now called nitrobenzole or nitro-benzine, or by the French Essence de Mirbane (Jour. Amer. Med. Ass.). It still preserves its poisonous qualities, but its new name is calculated to remove suspicion on the part of the ignorant; consequently as its use increases in flavoring pastries, etc., cases of poisoning are becoming more common. Ziemmsen's Handbook gives forty-two cases collected by Boehm, fourteen of which resulted in death. Drs. Van der Mursch and De Visscher report, in the Annales de la Soc. de Gand for August, the details of an autopsy made upon a child two years of age, which died in five hours after taking half of the contents of a bottle containing ten grammes of nitro-benzine, procured by its mother for making pomade. The symptoms were, first, somnolence, followed by agitation, delirium and convulsions—no disturbance of the digestive organs. The autopsy showed marked rigor mortis three days after death, a decided hyperæmia of the lungs, no alteration of the alimentary canal, the contents of the stomach were of a milky whiteness with the odor of bitter almonds. The arachnoid membrane covering the brain was extremely congested, and the white substance of the cerebrum and cerebellum was markedly "sanded" (sable). There was a slight amount of serum in the lateral ventricles. A coffee spoonful, according to Muller, nine grammes according to Shenck, of the essence of mirbane is sufficient to kill an adult. The absence of odor, except from the contents of the stomach, would seem to favor the ideas of Letheby, who considers the nitrobenzine as reduced in the blood to aniline and picric acid, and that the symptoms of poison are those of aniline.

The Following Method of bleeding, published in the British Med. Journal, is very neat and will, we have no doubt, find many appreciators: The patient, a fat, plethoric lady, fifty years of age, came under the charge of Charles Coppinger, F.R.C.S.I., and at the time of the surgeon's visit was in a condition of stupor, out of which she could be roused with some effort, but only to relapse into sleep again. Her breathing was heavy, and she presented all the symptoms characteristic of an overloaded vascular system. The indications for treatment were plain, leeches not being obtainable, depletion by means of venesection was proposed. The friends of the patient, who were ladies, gave their consent, but were horrified at the suggestion of so barbarous a proceeding, and Mr. Coppinger, anxious to spare them the sight of blood, then and there conceived the idea of substituting the aspirator for the lancet. The patient, who had not long before been treated for hemicrania by hypodermic injections of morphia, was roused up and told that the needle was about to be "inserted into the skin of her neck, to which she at once consented.' The needle of the aspirator was then passed into the external jugular vein, which was

much distended, and four ounces of blood were withdrawn without difficulty. The result of this trial being satisfactory, the surgeon repeated the operation in the course of a half-hour, abstracting six ounces more of blood. The patient was speedily relieved of her alarming symptoms, and neither she nor her attendants suspected that she had been bled, until the procedure was subsequently explained to them.

Prof. Hardy concludes a clinic (Gazette des Hôpitaux) on the subject of diabetes insipidus as follows: The affection which occupies our attention is rarely cured, for the polyuria which characterizes it is not accidental but idiopathic. I have seen improvements occur, but never complete recovery. The affection lasts for several years, the patient becomes gradually weaker until some otherwise insignificant affection occurs and terminates life. Diabetes mellitus is often terminated by tuberculosis, but diabetes insipidus never. The patient dies either of inanition or of some other supervening affection. The prognosis of diabetes insipidus is always graver than that of diabetes mellitus. The diagnosis presents no difficulty—the condition of the urine settles the question. Sp. gr. greatly diminished, and quantity increased without pathological products. The nature of the difficulty is still unknown, and although it has been called a neurosis that is only a device to conceal ignorance. The treatment of this affection is very unsatisfactory in face of the results hitherto attained; it consists rather of a palliative than curative treatment. The articles administered are for the most part such as act on the nervous system. Opium, belladonna and atropine, etc. Trousseau gave valerian, but with little success; Rendu gave ergot and Robin jaborandi. We have given valerian, the patient is now taking bromide of potassium to relieve his lumbar pains. He will shortly receive jaborandi. Sulphur baths, vapor baths, hydrotherapie, and the continuous current have all been recommended, but I repeat in conclusion that these remedies have given only very meagre results. In connection with the above we refer to two instances of diabetes insipidus which were unquestionably the result of reflex irritation, as the sequel proved. The cases are reported by Dr. G. T. Stevens in the Alienist and Neurologist, January, 1880; both cases were associated with an affection of the eyes, and in both instances one eye was enucleated, and in both instances the diabetes insipidus forthwith disappeared; one with a certain disposition to return, and the other said to have disappeared entirely. This question becomes the more interesting in connection with the remarkable case recorded by Yvert, and summarized in the Review a few weeks ago. In this instance the very remarkable case of unilateral albuminuric retinitis on autopsy revealed only one kidney, and that kidney was situated on the same side as the albuminuric retinitis. We still further add that at the Society of German Naturalists and Physicians, September 17, 18, and 19, Dr. Weil, of Heidelberg, described an hereditary form of diabetes insipidus. Among ninety-one members of a family, of whom seventy were living, twenty-three had diabetes insipidus.

Speaking of Polio-Myelitis in his clinic, Dr. W. H. Draper says (Med. and Surg. Reporter): The objective examination showed that there was more or less loss of power in certain groups of muscles, mostly in the lower extremities. This was especially marked in the quadriceps extensor group and in the tibialis anticus of the left side, and slightly marked in the muscles which flex the leg, and in the extensors of the toes. The reflex excitability of the sole of the left foot was slightly less than that of the right. There was no marked diminution of sensibility. There was some loss of the tendon reflex, and suddenly bending the knee caused considerable pain in the thigh. There was not much loss of power in the upper extremities, though there was some feebleness in the grasp. Sensibility was normal. Gentlemen, to localize the groups of muscles which are affected in these cases, it is important to test them with the faradaic current, and observe the differ-

ence in the degree to which the different muscles respond to this stimulation. In this man's case the affected muscles did not respond at all to the faradaic current, but they did to the constant current with twelve or fourteen cells. This showed decided loss of power in certain groups of muscles. The symptoms thus far brought out have been sufficient to attract your attention to a distinct point in the body as the probable seat of the lesion, and this is the spinal cord. So it is now important that you should call to mind the functions of the spinal cord, and the kinds of lesions which may interfere with the passage of nervous force from it to the limbs and neighboring organs. We learn that this man has had no paralysis of the bladder, nor loss of control over the bowels; there has been no loss of tissue, nor bed sores, nor eruptions, and his symptoms have been steadily improving from the start. None of these things are characteristic of myelitis, nor of a deep-seated lesion in the spinal cord, nor of the pressure caused by a gummy tumor. I will say that this is not a common disease in the adult, and for many years it has passed by unrecognized; so it would hardly be expected that you could make a correct diagnosis of it. But you have all doubtless heard of infantile paralysis, a disease which manifests itself suddenly by a high fever and convulsions, and is followed by loss of power in one or both lower extremities, or in one arm, or in an arm and leg on the same side, or in other definite groups of muscles. A frequent result of this paralysis is some form of talipes, and it is usually of the equinus variety, caused by loss of power in the flexor muscles of the foot, and the consequent contraction of the extensors. Now, we get in the adult just this same disease as in the child, which results in paralysis of certain muscles, and then improvement to a certain point, and in certain groups, but not in others, and finally atrophy of the affected muscles. The lesion is located in both cases in the motor cells of the anterior horns of gray matter, and in certain groups of these cells, and is thus peculiarly localized and remains so for a long period. The characteristic feature in the adult is, that it usually comes on after some pronounced constitutional disturbance, with sudden fever, followed by loss of power, and then rapid but partial improvement. This improvement generally begins in three or four days, and progresses in certain groups of muscles for four or five weeks. But permanent atrophy of other groups generally follows. This is the usual history of acute spinal paralysis in the adult, or, as it is sometimes called, polio-myelitis, or inflammation of the gray matter of the spinal cord. Another very characteristic feature of this disease is the complete loss of response to the faradaic current in the affected muscles. They have no faradaic contractility, and they only respond to a strong constant current. This patient is now under treatment which is expected to reduce the congestion in the cord. For this he is taking large doses of ergot. And his muscles are daily galvanized so as to keep up their nutrition, and in hopes that their power will return, so that there will be but little permanent paralysis. The early recognition and treatment of this disease is very important.

Writing to the Med. Record on pessaries, Dr. Horatio R. Bigelow says: There are some reasons which almost lead me to believe that pessaries are an abomination. The resultant ease and comfort may be followed by after-suffering, and is continuous only with the wearing of the support. No permanent cure is brought about; the vaginal walls are put upon a stretch, so that they lose their contractility, and can never be relied upon for any natural support to the uterus; the bladder and rectum are both intolerant of the pressure, and the superimposed uterus suffers at the fundus in a large proportion of cases. In retroversion I have found scores of women who complained of rectal tenesmus and pain, irritation at the neck of the bladder, and of a sore spot at the fundus, who were wearing a most carefully adjusted pessary made from exact measurement. In anteflexion they accomplish absolutely nothing. The whole principle is wrong. Gehrung's pessary is the

best I have used in these cases, but it does not cure the flexion. Some women, especially those with lymph-adenitis (see Mundé's article, American Journal of Obstetrics, October, 1883), can wear no support whatever. So far as I possibly can I rely upon pneumatic pressure, replacement, and astringent tampons. In other cases I use the pessary for want of something better, but always with fear and trembling. I never use the stem, for I cannot see how it will cure a flexion, and the attendant risk is great.

Two Cases of Poisoning by bisulphide of carbon, associated with insanity, are published in the Pacific Med. and Surg. Journal. The carbon bisulphide seems to have been inhaled very slowly; some forty out of fifty pounds having evaporated, but in what space of time we are not told. The two sufferers were brothers, without taint of insanity in the family, and both of them exhibited a form of insanity associated with murderous intent. Dr. Bard, who had charge of the cases, and who advances the theory that the insanity was due to the bisulphide of carbon, also states that a manufacturer of the article in Los Angelos also developed similar proclivities.

Prof. Dohrn sums up the comparative results to the woman, in cases in which the placenta was left to nature, spontaneously expelled, or treated by Credé's method (Med. News). 1. In one thous and lying-in-women, in whom the expulsion of the placenta was left to nature, the results were far better than in one thousand others in whom Credé's method of expulsion was used. 2. The one thousand lying-in-women in whom the placenta was spontaneously expelled had considerably less hemorrhage and fever after delivery. In those cases treated by Credé's method, portions of the membranes were frequently retained, and there were more fatal cases than in others. 3. The disadvantages which are conditional to the method of Credé are especially seen in the cases in which the placenta is expressed during the first five minutes. After a longer time the expression was more complete, but never as safe as by the spontaneous method.

Enterprise is commendable generally, in any calling, but the enterprising undertaker mentioned by the Lancet, who had the impudence to offer the members of the medical profession of London a commission for their influence in the families they attend, certainly carries off the palm. He issued a circular letter to practitioners, offering them a commission ranging from five to twenty per cent., according to the amount expended on the funeral, and adds: "It will not be necessary in any case for you to wait upon me with reference thereto (the commission), but simply to send a line to say you attended the deceased, as no inquiries will be made beyond this." Could anything be more brazen than this? As if a doctor wants to be paid for furnishing an undertaker with a job.

A London Doctor was sent for by a lady in Chelsea. The lady apologized for asking the doctor to come such a distance, when the doctor unguardedly said: "Don't speak of it. I happened to have another patient in the neighborhood, and can thus kill two birds with one stone."

What a Satisfaction a post-mortem is to a conscientious practitioner! and this is especially the case when it plainly shows either that nothing could have been done, or when it affords definite information by which his usefulness in the future may be increased. Dr. S. E. Swallow reports in the Ind. Med. Jour. the result of an autopsy, which would be put in the first category, on a babe a few days old. It was a case of malformation of stomach and duodenum the symptoms being uncontrollable vomiting and convulsions. Both parents of fine physical development, but their first born—this was the second—died a few days after birth. The doctor's record is as follows: The autopsy revealed two stomachs and two spleens, the greater stomach situated in the right hypochondriac to the right of the right lobe of the liver, the spleen being placed on the cardiac portion. This portion of the double stomach

contains about six fluid ounces, its greater curvature extending down as low in the abdominal cavity as the tenth dorsal vertebræ, the stomach and spleen on this side receiving their blood supply through small arteries directly from the descending aorta as it passed below the diaphragm. The lesser stomach was situated in the left hypochondriac region, the cardiac portion connecting the pylorus of the right stomach on the left side of the vertebral column. It would contain about two and a half fluid ounces, the spleen on this being placed on the greater curvature at the pyloric extremity. This stomach and spleen received their blood supply from their branches, the cœliac axis, the other branch, supplying the liver, the right lobe of the liver being situated between the two stomachs, and centrally under the linea alba. The two stomachs measured eight inches in length. The duodenum was given off at the pylorus of the lesser stomach, and reflected immediately upon its lesser curvature, to which it was adherent. Directly after its origin it presented the appearance of ligamentous cord, the duodenum caliber being imperforate for two inches. It then passed backward and downward, behind and beneath the junction of the two stomachs, where it again resumed its natural dimensions and normal structure. The ductus communis choledochus emptied into the pyloris of the lesser stomach. When washing the stomach I was unable to force water through imperforated portions of the duodenum; but when inflated a few minute air bubbles passed through the fleshy portion of the lesser curvature, from which I had dissected a portion of the duodenum. I cannot account for these small openings, unless it was possible that some of the lacteal vessels of the bowels had direct communication with the lesser stomach.

Dr. Paul F. Munde contributes to the American Journal of Obstetrics, Oct., 1883, a paper on Non-puerperal Pelvic Lymphadenitis and Lymphangitis. He thinks that the influence of the lymphatics in the transmission of septic matter, and production of inflammation of the uterine aduexa in the non-puerperal state, has by no means received the recognition it deserves; that authors have entirely omitted to consider the relation between the primary and secondary disease, and the intervening lymphatic vessels, without which the secondary disease would probably not have occurred. They have entirely overlooked the fact that these very lymphatics may themselves become inflamed, constituting a pathological condition suscèptible of diagnosis, and requiring treatment. Now, puerperal pelvic lymphadenitis generally becomes chronic and simulates so called chronic pelvic peritonitis and cellulitis, both in its symptoms and physical properties. That it may depend on and be secondary to uterine disease, or be confined to the lymphatics. That the treatment resembles that of chronic pelvic inflammation with one exception, the primary necessity for the removal of the focus of the irritation, if such exists, before the lymphatic inflammation can be permanently relieved.

At the Meeting of the British Medical Asssociation (Buffalo Medical and Surgical Journal, September, 1883), Sombe Atthill, M.D., opened the obstetrical section by discussing the subject of what he termed Mitria. He says two facts are admitted; first, that puerperal women are liable, under certain circumstances, to be inoculated with septic matter conveyed to and deposited in the vagina by the hands of the attendant, etc. Secondly, that puerperal women may be self inoculated by poisonous matter originating within their own bodies, from the decomposition of blood clots, or of portions of the membranes or placenta which have been retained in utero. Duncan terms the disease thus produced "sapremia," contending that the disease (septicæmia) produced by organisms which, when conveyed to the blood, multiply indefinitely in it, while those which are the product of putrefaction do not survive, far less grow there. Sapremia results from the absorption of putrid matter. Atthill believes that besides these two there are other forms. 1st. A form of self infection, under special conditions, which is not pre-

ventable by the adoption of any antiseptic treatment, such as occurs from a want of contraction of the womb. 2d. An epidemic, highly infectious, which spreads by the same means as ordinary epidemics do; this is due to the introduction of the poison of some ordinary zymotic disease into the system of a puerperal patient, the symptoms being under such circumstances totally different from those occurring in cases of septicæmia. Dr. Thorbun considers there is no such a disease as puerperal fever, meaning thereby a specific fever totally distinct from the ordinary sporadic cases of septic or other poisoning. He proposes to do away with the name of puerperal fever entirely, and classify them under the term of mitria. Thomas More Madden opposes the view that there is no such specific disease as puerperal fever; he regards it as a zymotic infective disease prevailing periodically as an epidemic, and being moreover endemic to some places, under certain circumstances.

A Late Paper by Von Spracecki (Med. Record) states that persons engaged in obstetric practice should not perform post-mortem examinations, or dissect, or if they do should quarantine themselves from the lying-in room. Söhlein believes that proper antiseptic measures are all that is necessary; in this view, Fretsch agrees with him.

Dr. Sink records a case of atropine poisoning in a sixty-seven year old woman, who was very decrepit, and suffered from iritis in the left eye (Jour. Amer. Med. Ass.). She was treated at the eye clinic by using five drops of a one per cent. solution of atropine upon the conjunctiva every four days. The second application produced dizziness, unsteadiness of gait and dryness of the throat The third application had the same effect, but the symptoms passed off in a few hours. After the fourth application, however, she fell senseless in the street on her way home from the clinic, was picked up by a policeman and taken to the hospital; and there the register gave the following record: Patient small, scoliokyphotic, very decrepit, weight 35kg., constant delirium—makes movement with the hands as if to bring a glass of water to the mouth, or handles her clothes as if sewing. Pulse beat 180–190 to the minute, respiration somewhat accelerated, skin perfectly dry, tongue dry and cracked, voice hard and unintelligible. The iris of both eyes dilated to the maximum. There soon followed constant and powerful jactation. She was admitted 11 A.M.; it was 4 P.M. before she became quiet enough to allow of the use of the thermometer, which registered 38.4° C., at which time she was constantly calling for water, and complaining of the hoarseness and dryness of the throat. Towards evening she came to herself and discovered where she was. She refused all nourishment, but drank water eagerly. Pulse, 150 to 160. Pupils still fully dilated. The next day, after sleeping restlessly, the pulse had fallen to 130; the temperature was 38.2° C.; jactation entirely gone. She complained of great weakness; on the third day she left her bed; temperature normal; pulse 110; skin moist; pupils moderately dilated, but still very sluggish; the voice had recovered its tone. In the course of the day the appetite returned, and she was discharged. She has since fully recovered. Among the points of interest in this case is the elevation of temperature, which is so rarely observed in cases of atropine poisoning, that a lowering of temperature is by most authors considered as a constant symptom. The choreic movements are also peculiar. The reporter is careful to state that there were no anæmic symptoms noticed.

A Paper by Dr. Joseph Eastman on the subject of hygiene of the rectum, in the Western Medical Reporter, concludes with the following propositions (Pacific Med. and Surg. Jour.): 1. That the rectal anatomist dispense with his drawings exhibiting the rectum distended, or borrow the contracting power of Thomas and add one with it closed. 2. I would urge the rectal surgeon (for the purpose of diagnosis and operation) to utilize the expansive genius of Sims in throwing the rectum open. 3. I would urge humanitarian

to insist that at least one-third as much time be given to unloading the alimentary canal that they take in filling the same. 4. I believe it is the duty of philanthropists and sanitarians, especially such as are so anxious to serve on boards of health, to see that water closets invite, not repel. Health-boards should inspect every store, factory, and place of business, to see that clerks and employes, male and female, have such privacy and privileges of access to closet accommodations as the importance of the case demands. 5. I would beseech the doctors, philanthropists, sanitarians, and all others interested in humanity, to teach on all proper occasions the pernicious consequences of carrying a load of feces in the bowel until it is absorbed and its odor escapes from the emunctories of the skin, or adds to the not infrequent unpleasant aroma of the human breath.

At a Recent Meeting of the Académie Médecine of Paris, Prof. Semmola, of Naples, communicated to the Society (Med. Gazette) the result of his latest experiments on Bright's disease, under which term he understands chronic parenchymatous nephritis only. The primary cause of albuminuria in that disease is, according to some, a lesion of the kidneys themselves, while others explain it either by a pathological condition of the albumen in the blood, or by a combination of these two causes. Semmola's experiments go far to show that the lesion in the kidneys is a secondary process. He injected daily under the skin of dogs ten to seventy grammes of white of egg; after four to five days, there were signs of a congestion of the kidneys, which led to hæmorrhage when the dose of albumen was large. After seven to ten days, leucocytes were found in the urine, and the renal epithelium began to show signs of fatty degeneration. This, after a fortnight, was well marked; and about the twenty-fourth day there was evidence also of an interstitial lesion of the kidneys. The introduction of albumen into the blood produces a peculiar dyscrasia, and the quantity of albumen eliminated by the urine is larger than that which has been injected; in the animals experimented upon, the bile contained albumen, which is also the case in patients suffering from Bright's disease. As for the cause of the peculiar dyscrasia alluded to, Semmola thinks that it is an alteration of the nutritive functions of the skin. He tried also the subcutaneous injection of blood-serum, yolk of egg, and milk; the first caused a slight albuminuria, but the last two had no effect.

An Interesting Case of obstruction of the bowels due to volvulus, which was treated by abdominal section and followed by the recovery of the patient, is reported by Mr. Henry E. Clarke in the Lancet. The patient when admitted to the hospital complained of a stoppage of the bowels of seven days' duration, with great pain over the whole abdomen. The pain came on suddenly, and was felt at first in the left iliac fossa, but soon spreading over the whole abdomen. Purgatives had been given frequently before his admission, but without effect. There was tympanitis, but no tenderness on pressure; the pulse was good and the temperature normal. There was no vomiting, nor did it occur at any time during the progress of the case. On the day following, the patient complained considerable of pain and a sensation of twisting in the abdomen. Enemas were used, but without benefit, and the distension becoming greater, more marked in the course of the colon than over the small intestines, puncture of the large bowel was performed, which gave exit to a large amount of gas and relieved the patient for the time being. Resort was had to this method of relief several times, as all other plans failed, but the patient steadily growing worse, and the obstruction having persisted for twenty-five days, it was determined to perform abdominal section. On opening the cavity an enormously distended portion of the bowel came into view, presenting none of the characteristic appearances of the large intestine. On bringing this out through the wound, and passing the hand beside it into the pelvis, a constriction occupying the lower part of the rectum was made out. Examina-

tion showed that the distended portion was colon, and that it had become twisted by the sigmoid and descending portions passing around the upper part of the rectum, thus crossing the abdominal cavity from left to right and returning at a higher level from right to left. After relieving the constriction, great difficulty was experienced in returning the distended portion into the abdominal cavity, and it was only after repeated injections of large quantities of olive oil and warm water, and finally of water alone, so warm as to be only just borne by the hand, that it was accomplished. While this washing out, which took a long time, was going on the bowel was kept covered with towels dipped in a hot watery solution of carbolic acid (1 to 60), the spray being used at the beginning of the operation and after the return of the bowel. In commenting upon the case the reporter says: While, therefore, it is not difficult to understand the mechanism by which volvulus is brought about, it is at the same time easy to understand why the affection is so rare, since it depends for its production on an abnormal arrangement of the peritoneal folds, a condition not in itself, as far as I am aware, conducive to constipation, but certainly permitting a more free excursion of the bowel, and so increasing the risk of twisting if any arrest of the fæcal flow take place.

Dr. Campneys read a paper before the Obstetrical Society of London July 4, 1883 (Obstetric Gazette, Sept., 1883), on the obstetrics of kyphotic pelvis; his conclusions as to treatment and prognosis were as follows: 1. In a first labor, if the head present, wait and act according to circumstances. This implies forceps, craniotomy, or Cæsarian section, which should always be considered in the above order. 2. If the head present, never turn. 3. In the subjacent labors, when the history of the first labor seems to indicate it, premature labor may be induced with good hope. 4. No known instruments give us any sure indication for forceps, turning, Cæsarian section, or the date for induction of premature labor. 5. The mobility of the pelvic joints implies a prognosis always more favorable than measurements would lead us to suppose. 6. Probably in many cases the head entirely neglects the anterior half of the pelvic outlet, and emerges from it tranversely, or at most obliquely, antero-posterior emergence being the exception. 7. Each succeeding difficult labor increases the liability of the uterus to rupture, as in other forms of pelvic distension.

Lewaschew and Klikowitch, from experiments upon dogs, conclude (Med. Record) that the use of ordinary alkaline mineral waters was to increase the quantity of bile and to make it more fluid and watery. This increased flow is beneficial in clearing out any bile stagnating in the gall-bladder. A subsequent increase in the quantity of bile indicates a greater flow of bile into the gall-bladder, and this also is of service in emptying out any stagnant bile, and restoring the normal condition when this is disturbed. Artificial solutions of alkaline salts were found to have a similar action to the neutral mineral waters, and, as with them, the action varies according to the concentration of the solution. Bicarbonate of sodium has a quicker, more powerful, and more lasting effect on the composition of the bile than the sulphate of sodium, and weak solutions than strong ones. Vichy was more efficacious than Carlsbad water. Hot water was found to have an effect on the bile much like that of the mineral waters.

A Number of Attempts have been made by Dr. J. H. Girder to anæsthetise patients with chloroform without arousing them to consciousness. He concludes that there are at present no reliable data to warrant that such an anæsthesia is possible. Our own experience, as far as it goes, supports the doctor's position.

A Judicial Post-mortem in Vienna on a woman of forty-five years, who had committed suicide, revealed the absence of a spleen. The other organs were normal.

CONTRIBUTIONS.

THE HEALING PROCESS OF WOUNDS AND THE REPAIR OF FRACTURED BONES.

BY GEORGE MC CLELLAN, M.D.
A Clinical Lecture Delivered at the Philadelphia Hospital.
REPORTED BY WILLIAM H. MORRISON, M.D.

GENTLEMEN:—I am deeply sensible of the interest which so many of you have shown in the subject of my last lecture upon shock and traumatic fevers—the effects upon the economy which follow the receipt of injuries and wounds. Although I had been able to give but little time to the collection of my thoughts, which were suggested by cases in the wards, many of which I had operated upon before you, yet I wished to impress upon you the importance of being always ready to cope with conditions which might occur and retard the cure of your patients. I will take for my subject to-day, the healing process of wounds and the repair of fractured bones. Before speaking on this subject, however, I wish to show you a few cases in order that what I shall say may be more firmly impressed on your minds, and that you may obtain a better idea of the subject. I shall simply show you the cases to-day, leaving the consideration of their treatment for a subsequent lecture.

Many of you have already seen this man. I showed him to you when I first came on duty. He had been in the hospital for some time with ununited fractures of both bones of the leg. I employed friction between the fragments and placed the limb in a plaster dressing. I succeeded in obtaining union, but owing to the faulty position of the lower fragments of the tibia, there was excoriation and ulceration through the skin at the seat of fracture discovered upon removal of the dressing. I cut down and removed the projecting portion of the bone. I desire to-day to call your attention to the wound, which is healing very nicely. Granulations are springing up and cicatrization is progressing. Around the edge the wound has a bluish tinge.

Here is a man who had a severe burn on the anterior aspect of his shoulder. When first admitted, there were marked evidences of inflammation, redness, swelling and pain. The wound is now entirely filled with healthy granulations. It has healed through nature's efforts, guided by the treatment which we have instituted.

The next patient has an ulcerated condition of the lip. He says that an epithelial cancer was removed from the lip some time ago. The inference is, therefore, that this ulcer is due to a recurrence of the disease. The wound has jagged edges and is burrowing into the soft tissues of the chin. This is not undergoing the healing process. The natural forces are not at work bringing about the repair of this wound.

Here is a woman who had a fracture at the lower portion of the right forearm—an ordinary Colle's fracture. The fact that the healing process has been going on is shown by the presence of callus at the seat of the injury.

This last case is the woman from whom I removed the breast which was the site of a fibroma. After the operation the wound was attacked with erysipelas. But this has been overcome and nature is now filling up the wound with granulations. This is what is called a young cicatrix.

Gentlemen, no wound, however trifling or great, can be healed without inflammation. Inflammation is the most mysterious evolution of nature's powers, and is now looked upon as a form of hypernutrition. It is the truest friend of the surgeon, but may become his worst enemy. I do not propose to-day to discuss either the theory or the cause of this process, but the value of a thorough comprehension of it cannot be too much insisted upon. I beg that you will study its varied phases and phenomena whenever you can. You will always find something new and interesting. If you have not the opportunity of going through the wards, carefully study the cases that are brought before you. You will always find something new to learn.

When wounds are inflicted by accident or by the knife of the surgeon, the divided parts cannot be united without inflammation. Various methods have been described, viz., immediate or primary union—secondary union or union by granulation, and union by scabbing. The old idea, that parts ever united without an intervention, i. e., vessel to vessel, nerve filament to nerve filament, and muscular fibre to muscular fibre, is no longer tenable. The slightest breach, if only a scratch or an abrasion, must be filled with new cellular tissue, no matter how closely the parts may be approximated.

When a wound occurs there will be retraction of the tissues, hemorrhage and pain. If the vessels are small, coagulation up to their nearest collateral branches will stop the flow of blood. If they are larger, the application of a ligature or torsion by the surgeon will produce the same result. When vessels are thus rendered impervious to the blood current, an additional amount of work devolved upon those which remain intact. This and the irritation caused by the injury increases the blood pressure and we have redness about the wound. The same cause occasions a transudation of the liquor sanguinis and a migration of the leucocytes or white blood corpuscles—so that we shall also have swelling of the part. The commingling of these exuded leucocytes with the extravasated blood from the severed vessels, is what always oc-

curs between the lips of a wound and into the surrounding cellular interspaces. The connective tissue of the part becomes altered and softened. It is supposed by some histologists that it forms food for the organisms engaged in the process of healing. Under the microscope twenty-four hours after a wound has occurred, we find hardly anything besides cells, and a uniting substance which differs from the cellular tissue in the absence of fibrillæ. By degrees these cells become elongated and spindle-shaped, and new intercellular substance or connective tissue is formed,which is the bond of union between the parts which were divided.

After a while this new tissue becomes vascularized. Capillaries start through it in spaces where the process of absorption is at work clearing away that which is no longer needed. Ultimately these arterial loops inosculate and the new formed tissue becomes filled with vessels. This characterises what we have seen in all the wounds which I have shown you, i. e., granulation or reconstructing tissue. The vascular network gives to the newly formed tissue a reddish hue. This is the young cicatrix. The redness surrounding the wound disappears, owing to the adjacent vessels being relieved of their over distension by the increase of capillaries in the cicatricial tissue. When the engorgement of the vessels is relieved, the leucocytes and liquor sanguinis are no longer thrown out, and what has been exuded is absorbed by the lymphatics, thus diminishing the swelling and the pressure which may have been exerted by it on the nerves, or rather tenderness. The pain of inflammation is due to the pressure on the nerve filaments by the swelling resulting from the congested condition of the capillaries. The signs of inflammation disappear after the process has wrought its beneficial effects and healing has been completed.

But nature never works by halves, she is generous in the supply of her materials, and often we find redundant tissue during the progress of healing. If I had had time I could have pointed this out to you in some of the cases which were before you. It is frequently seen in old leg ulcers. One of the most difficult forms of leg ulcer to cure is that in which there are redundant granulations. If the surgeon did not step in and remove the superabundant granulations, we should have the development of what is commonly called *proud flesh*, filling up the wound and preventing healing. In order to produce a cure, nature has brought into play forces which she is not able to control. This is also shown by the changes which take place in the cicatrix in the soft tissues, and in the callus of bones after repair has been effected. Whatever is no longer needed is gotten rid of by absorption and contraction. This excess of materials is taken up by the lymphatic vessels. These often escape detection because they cannot be readily seen, but the lymphatic system is one of the most important in the organism.

The other subject about which I wish to say something, and which will serve to illustrate what I have already said, is

THE REPAIR OF FRACTURED BONES.

A fracture is defined by practical writers to be a breach of continuity in the fibres of a bone, just as a wound of the soft tissues is a breach of continuity in those tissues. The study of the process of repair in fractured bones is perhaps the most interesting of all the beautiful studies in nature. So much can be said about it and so much is worthy to be said about it that had I time I should like to illustrate my remarks by some of the cases which we have in the hospital.

When a bone is broken, the periosteum is torn, and more or less injury is done to the surrounding soft parts. Blood is poured out from medullary vessels, the Haversian canals, the vessels of the periosteum and the capillaries of the adjacent tissues. A coagulum is formed about the seat of fracture, extending into the medullary canal and surrounding fragments, but some of the blood may work its way to the surface through the intercellular spaces and give rise to the ecchymosis so commonly seen.

What becomes of this blood? Some of it is undoubtedly taken away by the veins and lymphatics and removed by absorption, but some of it becomes incorporated with the structures of the neighboring parts, having reverted into its chemical elements. The blood coagulates in the vessels of the bone just as it does in the soft tissues. Up to the nearest collateral branches this produces a limited necrosis of the bone. When the blood supply is cut off there is death of minute portions of the bone. These have to be absorbed, and perhaps their presence may stimulate the absorbents to action. Inflammation is induced by violence sustained by the part, and a transudation of leucocytes takes place intermingling with the extravasated blood. All the vessels of the part are engaged in this process,but those of the periosteum especially; we find that in all fractures,the periosteum becomes separated from the bone above and below the fracture and incorporated with the coagulum, which is more abundant around the seat of fracture—thus giving the bone a fusiform or spindle-shaped appearance. As this exists in a ring-like manner around the bone, it has been called the ring.

In case there is no displacement the coagulum extends into the medullary canal and plays the part of a pin, giving support and firmness to the fragments. One of the most important things that we learn from this, is that the ends of a fractured bone

should be brought into apposition as soon as possible. When overlapping exists, the material is placed between, as well as around the fragments. In a short time the commingling of the extravasated blood and the inflammatory exudation is formed into cartilage cells and an intercellular substance, and a deposition of saline matters which constitutes callus or elementary bone. Callus is nature's glue for the union of broken bones. The saline matters which change the cartilage into callus come from the vessels of the periosteum, which, in addition to the liquor sanguinis, pour out a peculiar saline liquid. The callus becomes firmer and firmer, until at last it forms a strong bond of union between the fragments of the broken bone. This change may be illustrated by the plaster dressing, which when first applied is quite soft, but gradually becomes harder and harder, until it forms a rigid cast.

The amount of callus depends in great measure upon the adjustment of the fragments and the degree of motion to which the bones have been subjected. After a while, when the process of repair has been effected, some of this callus, especially that within the medullary canal, is absorbed, just as we have seen to be the case with the connective tissue formations in wounds of the soft structures. After union has taken place, nature directs her attention to modelling and removing all irregularities, etc. The structure of the callus gradually becomes more open and by degrees the medullary canal is restored. This absorption may require years to complete the work, but the Haversian canals, lacunæ and canaliculi will have already been formed. Callus differs from mature bone in having twenty per cent. more of the lime salts; consequently it possesses a greater degree of hardness, which is so necessary to the office which it fulfills.

The restoration of the soft parts and repair of bone are due to the same causes as the primary development. They depend on physical and chemical properties derived from the blood itself. Nature heals a breach in the continuity of the soft tissues or of the hard structures by the progress of inflammation, limiting it where she can and where from accident or other cause the inflammation runs riot the surgeon is called to help her.

A CASE OF ABSENCE OF THE UTERUS.

BY J. W. DANIEL, M.D., HOUSTON, TEXAS.

On the 16th of October, I was asked to see a case with Dr. J. J. Burroughs of this city, which proved to be one of unusual interest. The subject was a mulatto girl, twenty years of age, large and well developed, and apparently in the full enjoyment of the most perfect health. She had consulted several physicians, she said, in regard to her condition, which was one of amenorrhœa, for which she had taken quantities of medicine, without, however, deriving any benefit from them. Since the age of thirteen she has suffered more or less, "at the changes of the moon," as she expressed it, with pains in her back and head, which were only relieved after a free and profuse hemorrhage from the nose. But there has never been any signs of menstrual discharge from the organs of generation. Having determined to make a thorough examination of the case, the woman was placed on her left side, in Sim's position, and the index finger of the right hand passed into the vagina. At the depth of one inch and a half the passage was suddenly and abruptly closed. A speculum was then introduced, which brought to view a blind sack, conical in form, with a smooth surface unbroken by line, mark or depression, and which constituted her entire vagina. A further examination was made with the view of determining the locality of the womb. The bladder having been previously evacuated, a probe was passed into that viscus, while the index finger of the right hand having been introduced into the rectum, the left hand was placed above the pubis and pressure made until the finger in the rectum came in contact with the hand above the pubis. The coats of the rectum and abdominal muscles only intervening, showed that the organ for which we were searching was not in its usual locality. The most thorough examination having failed to discover any organs whatever, leads us to the conclusion that this is a case of entire absence of the uterus. An entire absence of the internal organs of generation we know is exceedingly rare, and we concluded that there were at least rudimentary organs, but we were unable to discover them if they existed. The girl, as I said before, is well developed, the mammæ full and large, the pubis well covered with hair; her form round and symmetrical; her voice melodious and clear; her passions strong for the opposite sex, and she admitted that she had enjoyed the sexual act, and was even then contemplating matrimony. Referring to Thomas on Diseases of Women, fourth edition, page 612, Scanzoni is quoted as saying, that after carefully analyzing the reported cases of entire absence of the womb, we find that almost always some rudiments of this organ still exist, so that authenticated and unquestionable instances of this anomaly are exceedingly rare. He further declares that he has never been able to authenticate a single case. Prof. Thomas says (ibid), that he has seen one case presented by Prof. J. E. Taylor, of this city (New York), to the Obstetrical Society, in which no trace of the uterus could be detected upon the closest scrutiny of the parts removed post-mor-

tem. There may be rudimentary organs existing in this case, but we failed to find them after the most careful and searching examination.

It is proposed to bring the girl before the "State Medical Association," which meets at Belton in April next, where she has consented to go, on which occasion she will no doubt prove a subject of unusual interest and attraction.

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*GENERALIZED EXFOLIATIVE DERMATITIS.**

BY DR. J. CORNBY.

Under the name of pityriasis rubra, in France and abroad, is yet included all generalized red eruptions accompanied by exfoliation in scales. Recent papers originating from the Hospital St. Louis, already permit several morbid entities to be recognized in this complex group of dermopathies.

We will limit ourselves to the exfoliative dermatitis, which M. Vidal, physician to the Hospital St. Louis, and his former interne, M. Brocq, have clearly defined and isolated from other generalized desquamative affections. We will draw largely from the very remarkable thesis of M. Brocq and from unpublished manuscript which the same author kindly loaned. And we will also say a few words of a patient, under observation, who appears to be affected by this disease.

Rayer is the first one who described generalized pityriasic affections. To Devergie is due the credit of having distinguished, in the generalized pityriasis of Rayer, a specific form called pityriasis pilaris; afterwards described by Besnier and his interne Richand, and called hyperepidermatrophy by Vidal, who at present has a fine example in his service. Under the name of exfoliative herpes, Bazin described a sort of cutaneous cachexia following inveterate dermopathies, such as eczema, psoriasis, pemphigus, and perhaps lichen.

The foliaceous pemphigus of Hardy would be nothing more than an exfoliative herpes following pemphigus. These forms actually exist, but, according to Vidal and Brocq, they have nothing in common with exfoliative dermatitis, a general primary disease, almost cyclic and less grave.

In Germany, F. Hebra, H. Hebra, Neumann, Kaposi, etc., have included all in pityriasis rubra. On the contrary, in England, we see Erasmus Wilson give the name of exfoliative dermatitis to the preceding affections, a happy denomination which has become the starting point of the actual progress made.

Vidal was the first in France to describe under the name of generalized exfoliative dermatitis a disease similar to those which Wilks and Erasmus Wilson had reported in England, but without distinguishing them from the other desquamative forms included under the name of pityriasis rubra.

In Vidal, we are dealing with a true morbid entity, a general disease, *totius substantiæ*. His pupil, Percheron, has not succeeded in remaining within the terms of the definition of Vidal, and has collected in his excellent thesis disconnected cases. Quinquand, under the name of primary grave acute dermitis, has described an affection which does not seem to differ from the exfoliative dermatitis of Vidal.

Taking the history of all the known cases, and basing himself upon new observations, our friend M. Brocq has written a true monograph upon this new affection, and one which leaves nothing to desired, as far as the abundance and choice of materials and the clearness of description and vigor in criticism are concerned. We will endeavor to give the principal characters of generalized exfoliative dermatitis as delineated by these authors.

It is a primary disease, attacking subjects in health and free from all former cutaneous affections. The eruption begins in red macules, the more commonly in the groins, and progressively invades the whole surface of the body from head to foot, taking generally eight days to generalize itself. When it has declared itself, there is observed an intense redness of the skin, with slight infiltration and desquamation in large, white, papery, imbricated scales adhering by their upper border and free at all other points.

It is important to call attention to the absolute generalization of the eruption; there is not a single point of the skin which is free, whilst in generalized eczema, for example, there are some sound spots. The skin remains dry, save a light moisture at the articular folds, and at points excoriated by the patients. One principal characteristic, perhaps pathognomonic, is the constant falling of the nails of the hands and feet, the hair, the beard, the eyelashes, the eyebrows, the hair of the body, etc. There is rather a sensation as of a burn than of a true pruritus at the beginning. The patients evince an extreme susceptibility to cold and desire to be well covered.

There is a well-marked febrile movement with evening exacerbations which reach 39° and even 40° C. However, the general state may remain good and the appetite remain intact. In some cases thinning occurs to a marked degree and with this an alarming prostration.

The following is the definition of Brocq: a disease of adult life, general, apparently not contagious, having a cyclic evolution (period of increase and of decline), characterized in its full stage by an intense, generalized redness of the skin, by an abundant scaly, and very often repeated exfoliation

*Editorial in le Progrès Mèdical, Oct. 13, 1883.

of the epidermis, by the fall of the appendages of the skin (hair and nails), by general phenomena, fever, prostration, marked feebleness, rarely mortal and generally terminating in a full cure, having an average duration of four months, but capable of being prolonged to from eight to eleven months by complications or relapses.

The case at present under observation, in the service of M. Vidal, corresponds pretty well with this definition. He is a man of twenty-seven, without morbid antecedents, working since the age of twelve in cellars, as a cooper, being necessarily exposed to the influence of humidity and alcohol. Three months ago, being in good health, he was seized with an eruption on the inner and upper aspect of the thighs. This eruption soon became general, and the patient soon presented a scarlet redness of the entire body. Very soon after a very abundant, dry, scaly desquamation took place, it being to-day at its height; the epidermis can be removed in large flakes, the hair, the beard, the eyebrows, the eyelashes, all the hair of the body, and the nails of the hands and feet fall away one after the other. The patient is very sensitive to cold; he has preserved his appetite, but he has fever and complains of being so feeble that he must keep his bed. Some weeks since his sight became dim, and to-day yet he complains that he cannot look at a light, which is explained by the absence of eyelashes.

A physician, Rémois, and old pupil of St. Louis, who treated the patient before his admission to the hospital, had sent him to us with the diagnosis of universal eczema. This manner of looking at the subject may be sustained, and many physicians adopt it yet. Still, it seems to us that the beginning, the course of the disease, the character of the desquamation, the fever, and above all the fall of the appendages of the skin make this case more like one of exfoliative dermatitis than one of generalized eczema.

The diagnosis offers some real difficulties, especially when the beginning of the disease has not been under observation. Scarlatina and desquamative scarlatiniform erythemas have a much shorter evolution; the fever falls rapidly and the fall of the appendages of the skin is but rarely observed. The exfoliative herpes of Bazin slowly succeeds some other cutaneous affection, lasts much longer than exfoliative dermatitis and often brings about the death of the patient. The grave form of pityriasis rubra of Hebra has scales much smaller and a much slower evolution. Generalized pityriasis pilaris is easily distinguished by an exuberance in the development of all the hair and nails, whence the justness of the term, hyperepidermatrophy, employed by Vidal.

Brocq enquires whether the grave chronic pityriasis rubra of Hebra might not be the chronic form of generalized exfoliative dermatitis.

If exfoliative dermatitis causes death but very rarely, it must not, on that account, be considered anything but a grave disease, on account of its duration, its complications, possible relapses, and the difficulties presented during convalescence. This disease being considered as a sort of prolonged pseudo-exanthem and non-contagious, striking more particularly the skin and the nervous system, the hope of strangling it must be given up. We must simply endeavor, according to Brocq, to prevent complications, to separate the causes which might increase the intensity of the cutaneous eruptions or aggravate the general phenomena, and, in short, place the patient in the best condition to lead his convalescence to a happy termination.

For local treatment he advises inunctions with oleo-calcareous liniment, followed by wrapping in cotton batting. This wrapping renders the desquamation much less abundant, and thus diminishes one of the causes of debility. Permanent or continuous baths might give good results. Have they been tried?

For general treatment: above all the strength of the patient must be sustained by means of tonics, bitters and iron, with cod-liver oil, etc. As far as diet is concerned a milk diet is recommended (two to three litres of milk, to which is added lime-water if diarrhœa exist).

Such is the treatment, which might be called provisional, of exfoliative dermatitis. We may hope that when the true nature of the disease is better understood, a more scientific treatment will be directed to it.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Nov. 3, 1883.

The President, Dr. Barret, in the chair.

Dr. Bernays exhibited a liver which weighed one and one half pounds, taken from a patient who never drank whisky. The liver exhibited the characteristics of hob-nail liver.

Dr. Meisenbach exhibited an amputated leg which had been caught in the shaft of a hoisting machine, the amputation being made at the middle third of the thigh. There was considerable hemorrhage, so much so that the operation proved fatal. Dr. M. presented the specimen to show the dislocation of the astragalus, which was present, and which is an accident requiring a large amount of violence.

At a regular meeting of the St. Louis Medical Society, held November 3, 1883, the following resolutions were adopted relatlve to the death of Dr. E. Montgomery:

Whereas, Through thedeath of Dr. Edward Montgomery, the St. Louis Medical Society has incurred the loss of one of its oldest and most respected members; therefore,

Resolved, That in the death of our brother and associate of many years we recognize the accomplished career of an upright man;

Resolved, That, in calling to mind his industry, his unswerving honesty, his Christian faith, our sorrow for his loss, as he was approaching the allotted three score years and ten, is not overclouded by a sense of imperfection or failure in his life as a man and a physician;

Resolved, That his exceptional and legitimate professional success, attained by the steady pursuance of high-minded means, makes for us the memory of his life a model and an incentive.

Resolved, That a copy of these resolutions be respectfully tendered to his family.

C. E. Briggs, M.D.
G. M. B. Maughs, M.D.
D. V. Dean, M.D. } Committee.
S. Pollak, M.D.
G. Hurt, M.D.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Case of Tubercular Ulceration of the Intestine, with Tubercular Infiltration of the Lungs and Spleen.

E. H., æt. 43, married, was admitted to the Episcopal Hospital July 16th, 1883. The following notes were taken by Dr. George M. Boyd, the resident physician:

The patient states that she has been sick since last April. Her trouble began with vomiting and purging, which it seemed impossible to check. No cough was complained of, and there appeared, on admission, to be no marked dullness on percussion over either lung, but in consequence of the patient's statements a careful physical examination of the lungs was not made. She was very pale and much emaciated. At first, almost all nourishment was rejected, but, after a few days, the stomach became more tolerant of ingesta. Pain was complained of in the left inguinal region, where there seemed to be an undue degree of fullness; but the pain was relieved by poulticing, and the diarrhœa was relieved to a certain extent by opium and astringents.

Four or five thin, dark passages occurred every twenty-four hours, in spite of treatment. Sometimes small clots and shreds of coagulated blood were seen in the passages.

The diarrhœa became again more profuse and the emaciation more extreme. About a week before her death patient began to complain of cough, and auscultation then revealed tubular breathing and gurgling below the right clavicle.

Death occurred on August 30th.

The post-mortem examination was made fifteen hours after death, rigor mortis hardly yet well established. The body is extremely emaciated, the omentum being almost destitute of fat.

Heart-weight, four ounces; tissue pale.

The apices of both lungs present numerous cheesy nodules, with catarrhal pneumonic thickening. The right lung presents at its apex a cavity with smooth walls, of the size of a pigeon's egg.

Spleen-weight, two and a half ounces; its section shows numerous cheesy nodules.

Left kidney-weight, two ounces; capsule adherent, and cortex diminished.

Right kidney-weight, four ounces; liver fatty.

Small intestine almost empty and contracted; its mucous surface is everywhere injected, and about eighteen inches from the ileo-cœcal valve it presents two or three small round ulcerations, which do not penetrate quite to the peritoneal investment. Mesenteric glands everywhere swollen and veins dilated.

The large intestine presents throughout its entire extent thickening of its sub-mucous layer, and other indications of chronic inflammation. The inflammation has caused, in the descending, and a portion of the transverse colon, complete or almost complete destruction of the mucous membrane for a space of about three feet. The muscular layers are thickened, and the mesenteric glands swollen, and there is some thickening and undue opacity of the walls of the vessels, but no tubercular granulations can be detected with the naked eye.

Case of Cancer of the Liver.

The patient, S. A., æt. 65, single, was admitted to the Episcopal Hospital July 31st, 1883.

The following notes were made by Dr. Claxton, the resident physician:

While at work, six weeks ago, the patient began to experience pain in the epigastric and right hypochondriac regions. Two weeks later he noticed that he was jaundiced, and that there was a lump (or swelling) in his abdomen.

Upon admission to the hospital the patient was much emaciated and very feeble; skin and conjunctivæ intensely jaundiced, of a deep saffron hue.

There was marked bulging noticed in the right hypochondriac and epigastric regions. The tumor, which could be plainly felt through the thin abdominal wall, was found to extend four inches below the xiphoid cartilage and two inches to the left of the linea alba.

The mass occupying the right hypochondriac

region was found to be distinctly nodulated, and very hard. Some of the nodules appeared to be umbilicated.

The patient presented a markedly cachetic appearance, tongue thickly coated with a dirty yellowish brown fur, his bowels were constipated and there was anorexia.

Purgation failed to influence the size of the tumor. The patient complained of insomnia, but did not seem to suffer much. Mental action was sluggish. The patient became rapidly weaker, and for fully a week before his death it was noticed that his extremities were very cold, and fully three days before his death his pulse had become so weak as to be almost imperceptible. Death finally occurred on August 16th.

The post-mortem examination was necessarily a hasty one, as the body was removed from the hospital within two hours of the patient's death. The new growth appeared to involve, however, only the liver and the pancreas. The common bile duct was completely occluded by a hard nodular mass which had its apparent origin in the pancreas.

Above the occlusion the cystic duct and the gall bladder were distended with dark olive-green bile.

The liver weighed five pounds six and a half ounces. Section of the organ showed complete infiltration with cancer nodules, and little or no normal hepatic tissue could be seen. The spleen was markedly atrophic, weighing one and a half ounce. The kidneys were deeply stained with bile and seemed somewhat contracted. The heart was very small, and its muscular tissue flabby.

Thursday, Sept. 27, 1883.

The President, Dr. Tyson, in the chair.

SPECIMEN OF POSTERIOR NASAL HYPERTROPHY IN SITU, TOGETHER WITH AN EXOSTOSIS FROM THE VOMER. Presented by Dr. Seiler.

The specimen which I have the honor to present to the society this evening came into my possession somewhat unexpectedly, and was discovered to be pathological only by accident in the following manner:

Being interested in nasal diseases I was very desirous of obtaining human heads for the purpose of studying the somewhat intricate anatomy of the nasal cavities, and last winter my friend Dr. J. W. Barton informed me that the head of a subject from the German Hospital was at my disposal. I was unable to learn what the man had died of, or what the symptoms of his disease had been, which was at the time very immaterial to me.

The head was placed in a blanket full of salt and ice, and in the course of twelve hours was frozen solid, so that with an ordinary carpenter's saw I was able to cut it in half, carrying the section longitudinally through the nose, so as to leave the septum intact.

The anatomical relation of the parts on the right side of the nasal cavity was perfectly normal, and the visible surface of the septum, which was still covering the left side, was also normal.

When, however, this portion was removed, a very marked enlargement of the posterior end of the lower turbinated bone on the left side was noticed, which on closer examination proved to be a posterior hypertrophy so commonly seen with the rhinoscopic mirror in cases of nasal catarrh.

On the left surface of the vomer, a projection was also seen, which proved to be an exostosis, the existence of which, in nasal diseases, is denied by some authors.

The histological characteristics of the hypertrophies I have detailed in a paper read before this society two years ago; suffice it therefore to say, that this tumor-like projection into the nasal cavity consists of an hypertrophy of the erectile tissue underlying the nasal mucous membrane.

Its presence is due to a long continued catarrhal inflammation, which by the infiltration of its inflammatory products into this cavernous tissue has distended the sinuses, and has increased the thickness of the connective tissue walls of the caverns, so that when they are empty of their blood a perceptible swelling or tumor still remains, as is seen in the specimen.

The reason why these hypertrophies occur more frequently at the anterior or posterior ends of the lower turbinated bones must be looked for in the fact that the blood favored by gravitation distends the caverna of the erectile tissue more easily under the excitement of local irritation in these localities, and that the anterior as well as the posterior ends of the lower turbinated bones, forming the entrance to the in or outgoing air current, are more liable to irritation by irritants contained in the respired air than any other portion of the nasal cavity.

The history of the case as far as the nasal disease is concerned may be readily inferred from the pathological conditions present in the specimen, and probably did not differ in the least from that of thousands of cases of hypertrophic nasal catarrh which so frequently come under our notice.

REMARKS.

The president said that it was a rare opportunity to see such a condition in situ, and that advantage should be taken to discuss its pathology.

DR. O. HARA asked what was the pathological condition generally found in hay fever, and was it due to a local nasal condition or to some constitutional influence?

DR SEILER, in answer, said that of late great interest has been taken in the pathology of hay fever,

particularly in its relation to the pathological condition of the nasal cavities, and that great success had attended certaid methods of treatment. In hay fever there is general hypertrophy of the mucous membrane of all the turbinated bones and septum nasi. The membrane is thickened and puffed up, thus occluding the nasal cavities. The inhalation of impure air, dust, etc., will produce irritation and cause asthmatic attacks. The pressure exerted by foreign growths or hypertrophied normal tissue in the nares also causes asthmatic symptoms.

As regards the possibility of cure, we may say that all sufferers from hay fever invariably have hypertrophic nasal catarrh, and if you during the winter remove the hypertrophies, the hay fever will not return during the summer.

The removal is done either with a dental drill or the cautery knife.

I do not believe it to be due to pollen grains, as the worst cases occur in travelling from coal dust, etc. The disease is due chiefly to the hypertrophies. Sometimes the attack comes on frequently and lasts only a very short time, the patient in the meantime being well. I have seen a number of such cases. In one case a young lady was attacked at every menstrual period, the disease lasting a half hour. There was every symptom present. The sneezing, watering of the eyes, running and clogging up of nose, difficulty in breathing, etc. In another instance a gentleman had the same kind of seizures, but they were accompanied with intense pain in the nose. By surgical means I succeeded in relieving him very much, instead of one attack in three or four days he now has had one in four months.

These cases show how localized hypertrophies can produce spasmodic attacks.

Dr. Musser asked if obstruction of anterior nares would give rise to as marked symptoms as if the disease was localized farther back. He has a case of exostosis of one side which has given rise to no special spasmodic symptoms as yet.

Dr. Seiler.—The anterior end of the nares is not at all sensitive, and the septum of the nose may be deflected at this point without producing any more symptoms than those caused by the occlusion of the cavity. The middle and posterior parts are very sensitive. This can readily be demonstrated by the passage of a probe. When there are marked spasmodic symptoms the middle and posterior tracts will usually be found to be affected.

Dr. Carl Seiler then read a paper on a case of General Melanosis, and exhibited slides.

REMARKS.

The President said that the diagnosis was not so very difficult, as the black urine without corpuscular elements, and later on the black saliva, pointed very distinctly to melanosis.

Dr. Seiler.—Was not the blindness due to melanotic disease of the eye? It seems likely a melanotic tumor of the eye was the primary trouble from which started all the rest.

The President.—This seems to be the case.

Dr. Mc Connel saw such a case in which the melanotic disease of the eye was followed by the same disease elsewhere.

CORRESPONDENCE.

LETTER FROM NEW YORK.

The recent discussion in the New York Academy of Medicine on the subject of Medical Ethics has caused a painful impression in medical circles, and many wise counsellors are suggesting to the leaders on both sides the propriety of closing the agitation before it becomes a public scandal.

What is termed the liberal side, may with good grace pursue a course of moderation, for they have substantially obtained a victory, and clearly have a majority of the profession in sympathy with their advanced views. On the other hand, the conservative element, feeling that they are in a minority, should hesitate to force upon the majority a line of conduct which they will probably never carry out, whatever may be the issue of the present agitation.

Is there no compromise which will satisfy both sides? and thus put an end to this painful discussion. I have been present at several meetings of the profession in New York when the question of the code was discussed and voted on, and it was very clear to my mind that the majority of medical men in this state desire to abolish the code of ethics altogether. On more than one occasion members on the liberal side actually proposed such a course and met with a hearty response, cheer after cheer being raised in support.

Now I have no doubt that Dr. Flint and others who desire to maintain a high standard of ethics, and complete isolation of the regular school within its own limits, would vastly prefer the abandonment of all codes of ethics to any code which authorized joint consultations with eclectic or homœopathic practitioners.

This appears to me to be the only solution of the question in dispute, for the positions taken by the opposing factions are irreconcilable, the difference being a fundamental one.

I make this suggestion in the interest of harmony, and trust it may be considered before this "split" in the New York medical profession becomes a permanent separation. Such a division is quite possible in the present state of feeling, and would be

a miserable conclusion of a contest, the beginning of which was a mistake, and the continuation a series of blunders,

Two additions to the literature of Insanity have recently made their appearance in New York, one by a veteran writer, the other by one who, although a prolific author, is yet on the threshold of his professional career. The former, Dr. William N. Hammond, presents a handsome volume, published by Messrs. Appleton & Co., which may be read with profit by students and all practitioners; and the latter work, by Dr. Edward C. Spitzka, cannot be neglected by any one desiring a clear and comprehensive review of the whole subject of insanity.

Each author attempts to give a definition of "insanity" and offers a classification of its many forms, but it becomes clear from a perusal of both works, that with the imperfect knowledge at command the conclusions drawn are merely provisional.

Both agree that there is no middle ground, and that a man must be either sane or insane. But what is meant by insanity, by those who make use of the term, appears to depend on a variety of circumstances unconnected by any bond of union.

Physicians, lawyers and the public have each a special signification for the term "insanity." Thus, "legal insanity" and "medical insanity" are two very different things, and Dr. Hammond claims that "they never can and never ought to be the same." If such is the case, the use of the term in its generic sense is at an end.

This view of the subject appears to be the key note of Dr. Spitzka's work, who regards "insanity" as merely a symptom of a disease "involving the organ of the mind," and not a disease itself. On the much vexed question of the definition of insanity, Dr. Spitzka offers the following, which he admits labors under the disadvantage of length; it is the result of many years study of the subject:

"Insanity is either the inability of the individual to correctly register and reproduce impressions (and conceptions based on these) in sufficient number and intensity to serve as guides to action in harmony with the individual's age, circumstances and surroundings, and to limit himself to the registration as subjective realities of impressions transmitted by the peripheral organs of sensation; or the failure to properly co-ordinate such impressions, and to thereon frame logical conclusions and actions; these inabilities and failures being in every instance considered as excluding the ordinary influence of sleep, trance, somnambulism, the common manifestations of the general neuroses, such as epelipsy, hysteria and chorea, of febrile delirium, coma, acute intoxications, intense mental preoccupation, and the ordinary immediate effects of nervous shock and injury."

As every medical witness examined on this subject has to give a definition of insanity, one might naturally desire a formula which was brief and easily understood by a jury and others in court who have no scientific or medical education. Dr. Hammond, who has had many years of experience as an author, happily comes to the rescue, and in the following formula, as crisp as an epigram, appears to cover the whole ground as far as our present knowledge will permit. He says, insanity is "a manifestation of disease of the brain, characterized by a general or partial derangement of one or more faculties of the mind, and in which, while consciousness is not abolished, mental freedom is weakened, perverted or destroyed."

Dr. Hammond justly claims that this definition excludes no form of insanity, nor does it include diseases which are not insanity. It rests on a basis of brain disease, without which, as I have before stated, both Dr. Hammond and Dr. Spitzka believe insanity cannot exist.

But I must cry halt, or I shall find myself writing a criticism on these works, which is far from my intention, leaving that task to others who have the requisite capacity. I have, as a matter of intent, drawn attention to these able contributors to the literature of this intricate subject, in the hope that they may be studied as they deserve to be. I would advise a perusal of Dr. Hammond's work in the first instance, as it covers more ground and can be read and understood without an effort. It may then be followed by Dr. Spitzka's manual, which is more technical and perhaps addressed to those who aim to become specialists.

P. S. As a postscript, I would state that since writing the above I attended the recent meeting of the New York Academy of Medicine, when the code question was finally disposed of. The result showed that a majority of the Academy were in favor of the new code or no code, anything in fact rather than the old code; but as a three-fourth majority was necessary, the minority gained the day. Considerable excitement existed at the meeting, but one and all behaved with the courtesy of gentlemen, and maintained the high standard of conduct always observed within those walls. I looked with pride upon the body of gentlemen present, the members of the Academy; refinement and intelligence were written upon every face without exception, and they would have done honor to any profession, even in the highest cultivated European circles.

The honored President was a host in himself, beaming with good humor, and showing even at the most trying moments that nobility of character which he is known to possess. When making the announcement, which was that of the defeat of his own plans and amendment, he spoke a few kind, considerate words, calling for a renewal of harmony

and good feeling in the Academy, which received a hearty response, and all retired from the hall heartily glad the subject was settled forever, so far as the Academy was concerned good friends, ready to work together in future in the good cause, which is the great aim of their professional career—the relief of suffering humanity.

J. M.

THE ARMY.

OFFICIAL LIST OF CHANGES of Officers serving in the Medical Department U. S. Army, from September 15, 1883, to October 6, 1883.

Taylor, Morse K., Major and Surgeon: Relieved from duty in the Deparment of the East, Oct. 1, 1883, and to report in person to the Commanding General, Department of the Missouri, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Tilton, H. R., Major and Surgeon: Assigned to duty as Post Surgeon at Fort Wayne, Michigan. (Par. 4, S. O. 183, Department of the East, Sept. 28, 1883.)

Wolverton, Wm. D., Major and Surgeon: Relieved from duty in the Department of Dakota, Oct. 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Appel, Daniel M., Captain and Assistant Surgeon, Relieved from duty in the Department of the Missouri, Oct. 1, 1883, and to report in person to the Commanding General, Department of the East. for assignment to duty. (Par. 7, S.O. 211: A. G. O., Sept. 14, 1883.)

Brechemin, Louis, Captain and Assistant Surgeon: Relieved from duty at Fort Columbus, N. Y. H., and assigned to duty at Fort Wadsworth, N. Y. (Par. 5, S. O. 183, Department of the East, Sept. 28, 1883.)

De Loffre, A. A., Captain and Assistant Surgeon: Assigned to duty at Fort Niagara, N. Y. (Par. 5, S. O. 182, Department of the East, Sept. 27, '83.)

Havard, Valery, Captain and Assistant Surgeon: Assigned to temporary duty at Post of San Antonio, Texas. (Par. X, S. O. 120, Department of Texas, Sept. 21, 1883.)

Maus, Louis M., Captain and Assistant Surgeon: Relieved from duty in the Department of the Missouri, Oct. 1, 1883, and to report in person to the Commanding General, Department of Dakota, for assignment to duty. (Par. 7, S. O. 211, A. G, O., Sept. 14, 1883.)

Merrill, James C., Captain and Assistant Surgeon: Relieved from duty in the Department of Dakota, Oct. 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Munn, Curtis E., Captain and Assistant Surgeon: Relieved from duty in the Department of the Missouri, Oct. 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Patzki, Julius H., Captain and Assistant Surgeon: Relieved from duty in the Department of the South, Oct. 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Price, Curtis, E., Captain and Assistant Surgeon: Relieved from duty in the Department of the East, Oct. 1, 1883, and to report in person to the Commanding General, Department of Dakota, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Reed, Walter, Captain and Assistant Surgeon: Relieved from duty at Fort Omaha, Neb., and assigned to duty as Post Surgeon at Fort Sidney, Neb. (Par. 5, 3. 0., 103, Department of the Platte, Sept. 22, 1883.)

Shannon, W. C., Captain and Assistant Surgeon: Assigned to duty at Fort Bridger, Wyoming. (Par. III, S. O. 102, Department of the Platte, Sept. 19, 1883.)

Vickery, Richard S., Captain and Assistant Surgeon: Relieved from duty in the Department of the Platte, Oct. 1, 1883, and to report in person to the Commanding General, Department of the Columbia, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Weisel, Daniel, Captain and Assistant Surgeon: Relieved from duty in the Department of the East, Oct. 1, 1883, and to report in person to the Commanding General, Department of the Platte, for assignment to duty. (Par. 7, S. O. 211, A. G. O., Sept. 14, 1883.)

Appel, Aaron H., 1st Lieutenant and Assistant Surgeon: The leave of absence granted July 20, 1883, extended one month. (Par. 10, S. O. 211, A. G. O., Sept. 14, 1883.)

Appel, A. H., 1st Lieutenant and Assistant Surgeon: Asssigned to temporary duty at Fort Warren, Mass. (Par. 3, S. O. 181, Department of the East, Sept. 25, 1883.)

Brewster, Wm. B., 1st Lieutenant and Assistant Surgeon: Granted leave of absence for two months, from Oct. 1, 1883, with permission to apply for an extension of four months. (Par. 1, S. O. 107, Mil. Div. of the Missouri, Sept. 15, 1883.)

Carter, W. F., 1st Lieutenant and Assistant Surgeon: Assigned to temporary duty at Washington Barracks, D. C. (Par. 5, S. O. 182, Department of the East, Sept. 27, 1883.)

Richard, Charles, 1st Lieutenant and Assistant Surgeon: Relieved from further duty at Creedmoor, New York, to return to his proper station, Fort Adams, R. I. (Par. 1, S. O. 180, Department of the East, Sept. 24, 1883.)

Richard, Charles, 1st Lieutenant and Assistant Surgeon: Granted leave of absence for two months, with permission to apply for extension of two months. (Par. 1, S. O. 49, Military Division of the Atlantic, Sept. 25, 1883.)

Strong, Norton, 1st Lieutenant and Assistant Surgeon: Now on duty in the field near Fort Thornburgh, Utah, to accompany Command to Fort Douglas, Utah, and there await further orders. (Par. 2, S. O. 101, Department of the Platte, Sept. 17, 1883.)

Wakeman, Wm. J., 1st Lieutenant and Assistant Surgeon: Relieved from temporary duty at Fort Sidney, Neb., to rejoin his proper station at Fort D. A. Russell, Wyoming. (Par. 5. S. O. 103, Department of the Platte, Sept. 22, 1883.)

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AN INTERESTING LECTURE is reported in the Louisville Med. News, Nov. 3, and the Med. Record, Nov. 3, by Sir William McCormac, on gun-shot wounds. Sir William says: Another thing which I think I have learned in my experience with gun-shot injuries, and one which I should like also to teach you, is to avoid unnecessary probing, or to avoid probing altogether as far as you may. I see from the manner in which you receive this remark that it requires little emphasis from me, but I think it cannot be too strongly stated that the bullet, or what has become of it, is really of secondary importance in the treatment of gun-shot injuries. Usually, the first inquiry of the individual wounded is, what has become of the bullet? If it remain in the body, he asks to be relieved of it, and sometimes the surgeon, in his enthusiasm, makes a very considerable effort to fulfill the patient's desire. One instrument after another is introduced, until the end of the list is reached, which is a long one, for every sort of device and appliance has been invented for this purpose. I know by repeated experience how difficult it is to discriminate between a piece of lead or an exposed surface of bone, or even the edge of fascia or a tendon, and if the surgeon fails with the probe, as he often does, one forceps after another is then introduced, and the limb is almost removed piecemeal in the determined efforts to find the foreign body. Septic matter is necessarily introduced with the instruments and the surgeon's finger, and thus a trivial wound may ultimately result, from septic suppuration, in the death of the patient or loss of function of the member. Experience shows us how constantly bullets become impacted or lodged in parts of the body and remain there for years without causing any damage at all. No doubt it is not particularly desirable to have them remain if they can be easily taken away; but what I wish to insist upon is, that there is indefinitely more damage capable of being done by the injudicious efforts of the surgeon in trying to remove the bullet than would be done by the presence of half a dozen bullets. In the museum at Washington, and in all museums, there are specimens of bullets lodged in the brain, in the lungs, in bones, etc., in some cases remaining there for years. In the museum at Washington I saw a specimen in which a bullet, entering near the knee, passed into the cartilage of the joint, penetrating almost entirely through it into the joint. The man, at the time of the receipt of this wound, also sustained a wound of the elbow, and he told the surgeon that a bullet had gone into the knee-joint. The surgeon fortunately did not believe him and let the knee alone, and the man lived for years afterward with perfect use of the limb, and at his death the bullet was found in the position mentioned. I might multiply examples going to show that bullets are often not so damaging if left in the limb, while great damage may result from injudicious attempts to remove them.

In the Turko-Russian war the advantages of this practice received one of the strongest illustrations possible. A hospital was established in which penetrating wounds of the joints were treated simply by sealing up the wound by some antiseptic method, and by immobilizing the joint completely. I quote from memory, not having the exact statistics at hand, when I say that in twenty-one cases of such wounds there were nineteen which recovered with the use of the limb. These were cases of undoubted penetrating wounds

of the joint. If you can give such a series as that as compared with the results of former methods, by which I heard Langenbeck say that he did not believe a single case of penetrating wound of the knee joint recovered in the whole duration of the Franco-Prussian war, you can see what an amazing stride has been made in the treatment of gun-shot wounds. The distinguished surgeon, Stromeyer, states that he never probes or interferes in any way with gun-shot fractures of the joint, but does his utmost to treat such cases by rest and antisepsis, and the published results of this method of treating fractures in his hands have been infinitely better than those obtained by any other surgeon. We know how common the opinion had been to consider that gun-shot fracture of the femur necessitated amputation; and we now see on the other hand how surprisingly successful have been the results of the later method. I hope, gentlemen, that these remarks may lead you to reflect on the importance of the maxim from which Prof. Esmarch, of Keil, preaches, which, translated from the Latin, means, do not injure, do not do damage.

Just the line of conduct recommended by Sir William was followed by Dr. E. S. Moos in his case reported in the Louisville Med. News, although he did not see the patient until twelve hours after the accident. We quote from the case in question: Preston T., a laborer, aged thirty-two, received an accidental gun-shot wound at 5 P.M., August 19, 1882. The ball entered directly at the anterior and upper border of right axillary space, between the fourth and fifth ribs, ranged backward and downward and made its exit near posterior inferior angle of scapula, between the seventh and eighth ribs.

At an examination in the afternoon it was found that blood was present in both pleural cavities, and at this time, after a consultation, it was agreed to remove the blood by aspiration on left side; but, failing in this, thoracentesis was performed between the eighth and ninth ribs, below the posterior inferior border of the scapula, and three pints of blood were taken from the pleural cavity. The cavity was washed out with a carbolized solution and closed at once. The right side was aspirated with better success, and a considerable, but not the entire amount of blood was removed. But, as the first operation had so much relieved the embarrassed respiration, we agreed to let the patient rest at this time. The case continued with little change until the third day, when local pneumonitis developed in each lung. This threatened to prove fatal up to seventh day. It was treated in the usual manner. The right side was aspirated a second time, but empyema developed in the left. On the twelfth day after the injury, a second thoracentesis was performed on the same side, a drainage-tube was introduced, and the cavity was washed out twice a day with a carbolized solution for three weeks, when it was allowed to close. The patient recovered without deformity, but we venture to suggest that if thoracentesis had been performed on both sides with the introduction of drainage tubes after the first operation with the associated washing, the doctor might have reported results associated with less anxiety and equally satisfactory.

In his Article on the Architecture and Functions of the Cerebellum, Dr. Ambrose L. Ranney (Med. Record) says: If we form our views of the physiological functions of the cerebellum purely from the standpoint of the anatomical connections which that ganglion is known to possess, we cannot but agree with Bechterew in some of the conclusions which he has lately advanced. This author believes that the cerebellum is intimately connected with three organs, which tend to exert an influence upon equilibrium, as follows: First, the semicircular canals, connected with the organ of hearing; second, the organ of sight, since the movements of the globe of the eye and possibly the sense of vision may be traced to a relation with the gray matter in the floor of the third ventricle and subsequently with the cerebellum; third, the olivary gray matter, which the author thinks is probably connected with the organs of tactile sensibility. The views of this author have been

in part anticipated and sustained by Spitzka, who, in an article published about two years ago, considered the cerebellum as the centre where "impressions of touch and position are associated with those of time and space," and hence the seat of co-ordination of the most delicate forms of movements; such as are necessary, for instance, to the proper adjustment of the drum-membrane of the ear for the correct appreciation of sounds, the appreciation of time and ryhthm, and the finer acts of equilibrium. In filling this position, the latter author believes that the cerebellum is subordinate to the cerebrum, to which it acts as an "informing depot" for co-ordination, rather than as a distinct centre.

At the Illinois State Microscopical Society, Dr. Mercer exhibited two small electric lamps for use with the microscope. They are miniature incandescent Swan lamps, capable of giving respectively two and one-half and four candle power. Their size is not larger than a pea, and the shape of one globular and the other somewhat conoidal; they are used, the one immediately beneath the objects, for transparent objects, and the other immediately above opaque objects. The incandescence can be sustained by four Leclanche cells for a period of half an hour, or by means of a storage apparatus, which he also exhibited, for period of twelve hours. The doctor claims a superior clearness with this means of illumination over that which is obtained by much more expensive and complicated devices. The lamps were imported from London, England, and the storage cell was constructed at Dr. M.'s suggestion with the counsel of Mr. Johnson, of the Western Electric. The storage cell can be readily charged from any dynamo.

The American Practitioner quotes from the Gaz. Degli Ospitali the record of the second nephrectomy in Naples and the sixth in Italy. It was performed by Dr. D'Antona on June 10th for hydro-nephrosis. The field of operation was first washed over with a five-per-cent solution of carbolic acid. The abdomen was then opened in the middle line by an incision 4.8 inches long. When the peritoneum was opened, the descending colon was found fixed, a little to the left, by two folds of the meso-colon, which covered the tumor in front and behind. The tumor was then exposed, and a trocar plunged in, a large quantity of thin, serous pus, mixed with a turbid, urinous liquid, flowing out. The tumor was found to consist of four sacs containing this liquid. The sacs were separated from their connections with the surrounding tissues, the ureter and renal vessels ligated, and the kidney removed. A large drainage tube was inserted through an incision about one inch long in the lumbar region. The abdominal wound was then closed by eight deep and superficial sutures. The operation lasted one hour. The temperature did not rise above 100.4 (on the first day). The discharge from the drainage-tube was never great, and consisted principally of a bloody fluid. Some sutures were removed on the seventh day, and the remainder on the ninth. The patient was discharged on July 1st, well. Microscopic examination of the fluid showed pus and mucous corpuscles almost entirely in a state of fatty degeneration, a few blood-globules, groups of cholesterine crystals, no renal cylinders, and uric and oxalic acid crystals.

At the Meeting of the American Gynecological Society, September 19, 1883, Dr. Emmet read a paper (Am. Jour. Obstet., Oct., 1883), in which he stated that the perineum does not produce the trouble which is attributed to it; it is never lacerated as it seems to be, no such body exists as the perineal body represented in illustrations and taught by teachers as the keystone of the arch, and which all operators labor to restore; that not infrequently the tissues in front of the rectum, after a laceration has occurred, are thicker than before the injury; and that the damage done is more apparent than real, that in the performance of any operation we may exclude anything referable to the external organs outside of the line of the hymen around the vagina. The special point he advocated was the part the pelvic faciæ ren-

dered in giving support, keeping the posterior wall of the vagina in contact with the anterior wall, just as a pair of suspenders keeps the seat of a pair of pantaloons in place.

A Sanitary Convention will be held at Ionia, Michigan, under the auspices of the State Board of Health, on Thursday and Friday, December 13 and 14, 1883. At each session of the convention there will be addresses or papers on subjects of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated. The subjects to be presented will include sewerage, ventilation, present and future water supply of Ionia, contagious and infectious diseases, foods and their adulterations, school hygiene, ice from impure sources, poisonous wall paper, best method of disposing of the dead, disposal of waste matter, etc. Reduced fare on the railroads can be obtained by applying to Alex. W. Dodge, Secretary, Ionia, Michigan, for certificates.

Cases of a Peculiar Inflammation of the kidneys, epidemic and primary in children, and absolutely independent of any acute exanthem, are reported by Dr. Ludwig Letzerich as occurring during the spring and summer of this year (Med. New). The number of cases was twenty-four, the same symptoms being presented in all, and which showed the same fungi in the urine. Three children died of acute uræmia. The fungi found in the urine were carried through four successive cultivations, and then inoculated on rabbits. The rabbits were killed after a short time, and the same fungi found on microscopical examination. The fungi were somewhat similar to the bacilli of typhus; they were somewhat broader and larger, however, and showed no globular forms. They had a disposition to become elongated, and form thread-like bodies, in which spores, developed and in irregular masses, were seen lying at various distances apart. During the spore formation the thread-like bodies could be seen separating into rods of different sizes. In the interstitial tissue of the kidneys were found large deposits of micrococci. The kidneys were markedly hyperæmic, and the stellate points were of a dark red color, with black diagonal lines running through them. There were numbers of wandering cells in the interstitial tissue

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In a Severe Case of Dipsomania, Dr. Kock, of Rochester, N. Y., used the concentrated tincture of avena sativa with remarkable success (Med. Chirurg. Correspondenz-Blatt, No. 9). An artizan, aged forty, for many years addicted to drinking, made desperate attempts to break the habit. He would allow himself to be locked up, but invariably after two or three days climbed out of a second story window at the peril of his life to satisfy the morbid craving for intoxicating liquors. Five drops of the tr. avena three times daily seemed to compensate the morbid desire entirely, and for five months he attended to his work. When he ceased taking the tincture, a spree lasting an entire week resulted, and on retaking the tincture he was sober for more than a year.

Dr. Emile Deghilage recently used sulphate of strychnia in a case of uterine inertia (Med. News), in which all the usual remedies, friction, irritation of the cervix, injections, ergot, baths, etc., had failed, twenty-five minutes being sufficient to complete the labor, without any untoward circumstances. The pains of labor seemed to be diminished. The motor action of the drug on the muscular tissue of the uterus was very evident. The method of using it is very simple. Every ten minutes a granule containing one one-hundred and thirtieth of a grain of sulphate of strychnia is given. As the head descends, the interval between the doses is increased. It should not be given until the cervix is dilated. It would seem that this medication is especially indicated in cases of uterine inertia, and the author claims that it is preferable to forceps-delivery in these cases, as not being liable to be followed by hemorrhage. Deghilage has had several cases in which the results were as satisfactory as in the one reported.

A NUMBER OF THE CATTLE brought to the stock yards of Chicago have been found to be affected with a tumor situated in the jaw, which proves to be actinomycosis, a fungoid development which, although not in itself malignant, prevents the animal, by the excessive pain it produces in the act of mastication, from partaking of enough nourishment to sustain life. It is said to be developed during the stabling season, especially when the stables are dark and damp, and seems to be only possible when an abrasion of some kind has been been made so as to furnish a suitable soil for the development of the fungus. It is said that the farmers claim it makes its appearance in the summer, but that seems to be because they overlook the disease in its incipiency. The disease has never been noted in America among man, but in Europe numerous cases have been recorded.

THE CELEBRATED PROF. VON NUSSBAUM, of Munich, recently delivered a clinical address on the subject of the conversion of malignant into benign tumors, which has been published by Finsterlein of that city (Am. Practitioner). It was Thiersch who uttered the weighty words, "One ought not to despair of discovering a method of curing cancer if one could succeed in causing the proper remedy to act immediately on the structural elements for sufficient length of time to prevent their proliferation without destroying them." Since many methods of treatment have already proved ineffectual, Nussbaum believes that he has discovered one that promises to fulfill the requirements of Thiersch, and which has, in fact, already shown good results. Nussbaum expresses himself thus: "It appears to me that the proper method of treatment is to cut off absolutely all the peripheral nutrient supply, in order to keep proliferation in check without destruction of the tissues. The most suitable method of doing this is to draw a deep trench around the neoplasm by means of the thermo-cautery. The vessels that spring from the base of the tumor prevent its dying; they nourish it sufficiently, so that gangrene never takes place." The thermo-cautery is superior to the ligature formerly made use of by him. "I do not doubt," he says, "that this encircling of the tumor, this cutting off of all peripheral nutriment, has a future before it for those desperate cases in which hemorrhages threaten to prove fatal, and in which the exhausted condition of the patient does not admit of amputation being considered. At any rate, the cutting off of the peripheral blood-supply leads to such surprisingly good results that I do not hesitate to recommend a trial of it."

THE FOLLOWING INTERESTING INFORMATION from the British Med. Journal is narrated by Dr. Broadbent: A patient could converse fluently and intelligently without mistakes of any kind; but, if an object were held up, and he were asked to name it, he failed absolutely. He could not name such familiar objects as a coat and hat; but if it were said of a hat, "That is a coat, is it not? he would answer at once, "No; but that is," pointing out the hat. He could write either out of his own head or from dictation, but when he had written it he could not read it. It was clear that the word-blindness was only a part of the general loss of the power of naming objects at sight. The explanation of such a case was, that the part from the visual-perception center to the naming center was destroyed; and it was interesting to remark that the lesion found after death implicated the left angular gyrus, insulating it from all other parts.

A CASE OF NEPHRECTOMY of a tuberculous kidney with a necropsy is reported in the British Med. Journal. It was a female patient, aged twenty-four, at the Queen's Hospital, Birmingham. The organ, which was the seat of tubercular disease, and weighed nearly a pound, was removed by lumbar incision. No urine was secreted after the operation, but with this important exception there was little indication of local or constitutional disturbance till the patient's death, which occurred suddenly five days afterward. The necropsy showed, as the suppression of urine indicated too surely, that the other kidney

was also disorganized by similar disease. The examination for the bacillus tuberculosis in this case might have been of considerable service in forming a prognosis. Such a case ought not of course to enter into statistics of nephrectomy.

KAIRIN IS A DRUG which has of late created quite a ripple in the medical ocean of literature. An article or extract has appeared in almost every medical journal in the country, under the heading of Kairin as an antipyretic. None of this precious drug has yet reached us in the west, or at any rate we have inquired in several of the leading stores of Chicago without success in finding it, nor do we think that our patients, judging from the reports, have any cause to complain of its non-arrival. This rage for antipyretics, to the neglect of the simple, grateful, and philosophical process of the various modifications of the bath, both externally and internally, for the reduction of temperature, is characteristic of the majority of men to try and accomplish an object by the most complicated process. Speaking of a case of typhoid fever treated with kairin for its antipyretic effect, Dr. Shattuck says: Kairin was administered very cautiously, and yet marked depression and cyanosis resulted, necessitating quite free stimulation. Three successive full doses reduced the temperature three and a half degrees in three and a half hours, but two more hourly doses given after the lapse of an hour did not prevent its rising six degrees in two hours. The next day half doses were given, and on a subsequent day three successive full doses, again carrying the temperature down four degrees in three hours, only to have it rise again five degrees in two hours. Another case was that of a vigorous man, reported as never having been sick in his life before. He had a good pulse, only eighty-five. Owing to a mistake on the part of an attendant, kairin was given ten times in succession, hourly doses of seven and a half grains, and it was not begun until two hours after it should have been. The temperature, already falling, was carried down from 101.5° F. to 95° F., and the pulse from 75 to 55, between nine P.M. and six o'clock A.M. At ten A.M. the temperature had risen to 103.5° F., and the pulse to 108. The fall and rise were each accompanied by a chill. There was marked cyanosis and cardiac depression, and stimulants and heaters had to be freely resorted to. The subsequent history of the case was normal, and the patient is convalescent. The following is an extract from a report by Dr. F. W. Draper, after the administration of kairin: In four hours there was a reduction of 4.6° F., attended with copious sweating. In the fifth hour a very severe chill occurred, followed in two hours by a rapid rise of the temperature to 104° F. At the discontinuance of the treatment the temperature was 101° F. Two hours later it was 99.4° F. Eight hours after the last dose the register was 102.6° F. The pulse fluctuated with the temperature, but the disturbance was less in the pulse than in the temperature. The appearance of the patient during the administration of the kairin was peculiarly distressing, his face being pinched and his expression anxious, although he did not complain of any unpleasant sensations. Next day there was some reaction, and the temperature touched its highest point, but during the two following days there was a steady decline, and the condition of the patient was more hopeful. Eight days after the experiment, however, unfavorable symptoms developed, diarrhœa increased, the tongue became dry, there was delirium and a marked prostration. From this time forward the decline was progressive, and the patient died on the thirtieth day of the disease, and fifteen days after the experiment with kairin. The autopsy discovered the usual typical ulcerations of the small intestine peculiar to enteric fever. We won't take any kiarin in ours just yet.

WE ARE VERY GLAD TO SEE that the Boston Med. and Surg. Jour. exacted and obtained from Dr. Knapp an apology for his insolent remarks to the Boston oculists in particular, and the provincial physicians in general. The said apology is published in the above mentioned journal for November 1.

Dr. J.W. Warren, in his Notes of Progress on Physiological Chemistry (Bos. Med. and Surg. Jour.), when speaking of the saliva says: Fenwick has studied the same secretion from a different point of view. He was specially interested in examining the quantitative behavior of the mysterious sulphocyanide of potash, particularly with reference to disease. The comparison was made on colorimetric principles, using the chloride of iron, a convenient and handy method, to be sure, but opened to some serious objections. Fenwick corroborates anew the view already general that the presence of this curious substance is in no way associated with defects of the teeth, and furnishes no evidence of the use of tobacco. Although the pathology of the subject does not strictly concern us here, we may add that the amount of SCyK seems to be diminished in icterus, or more exactly in those cases where the entrance of bile into the intestines is interfered with. It is also less in many diseases where the injury to nutrition is or becomes prominent, for example, constriction of the œsophagus, carcinoma of the stomach, dyspepsia, dysentery. Lead-poisoning is also said to have a similar effect. An increase is noted in cases with a tendency to great development of adipose tissue, in acute rheumatism, and in the earlier stages of all diseases accompanied by fever and inflammation, that is, before the injury to nutrition becomes prominent. These results are said to be based on the examination of one thousand persons. Should they be confirmed, an interesting diagnostic field will be opened to all but the color-blind. Ere long a compact and convenient sialoscope must doubtless be added to the physician's equipment, and a new tribe of sialologists will, perhaps, enlarge the number of specialists, and, possibly, enrich medical literature with an "Archives" and even a "Centralblatt."

Prof. Lyman exhibited to his class the "living skeleton," Isaac Sprague. This is an unusual case of muscular atrophy of thirty years standing. The reason why the disease has been so protracted is because the respiratory muscles are not so completely affected as the other muscles of the body. He says he has never suffered, has had no rheumatic pains, has had no loss of sleep, and can eat three hearty meals a day. Has been twice married, has three children, is five feet and one half-inch high and weighs fifty pounds, whilst his boy, who can carry him round like a baby, weighs one-hundred and twenty-five pounds.

Dr. Thomas A. Vesey reports a case of recurrent gangrene of the lung in the Dublin Jour. Med. Sci., September, 1883, and makes the following remarks (Med. and Surg. Reporter): In practice I have met with but three cases of gangrene of the lung. In two the fœtor was constant, and from start to finish there never was any improvement or remission; both these cases were fatal. In the caae above related there were well-marked remissions. Between the attacks the health was almost perfectly restored, for Mr. ——— ate well, slept well, was almost free from cough, with scanty expectoration; no fœtor of expectoration or breath; the respiration clear, and no crepitus. Of this extraordinary form of gangrene, but few cases are met with. The late Dr. Stokes, of Dublin, mentions two well-marked cases. In one instance occurring in a female of middle age, the disease proved fatal after a continuance of many months. No cavity was found until within a few weeks of death. The other example was in the case of a young man, who, after a long struggle with the affection, seemed to have recovered perfectly. However, he subsequently died of pneumonia. In both cases there was singular obscurity of physical signs in the early periods of disease. In my case, I over and over again examined and failed to detect any cavity, dilatation of a bronchus, or evidence of large amount of fluid in the lung. Prima facie, after the copious expectoration of fœtid matter, one expects, by the usual means, to detect a cavity, but it appears that copious fœtid expectoration does not necessarily imply the formation of a cavity or the detection of the source of the expectoration.

Stokes argues that in the early periods of this disease there is no solution of continuity or much consolidation of the lung, and that this is a disease commencing in points (healthy tissue intervening) with all the difficulties of diagnosis attending the detection of analogous changes—e. g., the first stage of tuberculosis or isolated cancers. But there must be something more, for one of the phenomena of the disease is the copious secretion of a fœtid matter, which makes it almost certain that either the portion of the lung which suffers must be insignificant, or that the surface which secretes the putrid fluid is extensive, and this fluid is originally poured out in a putrid form and the disease is at first one of secretion. The presence of such sputa proves nothing, except that generally a disintegrating process is taking place somewhere in the pulmonary apparatus, and the question is, whether this disintegrating process occurs with the intact bronchi or is associated with destruction of the parenchyma of the lung. We may conclude with Stokes that in any case where sudden fœtid expectoration has occurred, we are not justified in pronouncing the lungs healthy or the patient in a safe position because physical examination, even the most accurate, fails to detect disease sufficient to account for the symptoms.

At a Meeting of the Practitioners Society of New York (Med. Record) Dr. C. S. Ward related a case of pruritus vulvæ due to ulcer of the rectum. About six weeks ago a lady came in from Newport for medical advice. She stated that for a long time she had suffered from the most intense pruritus of the vulva. This was a source of so much distress at night that she had walked the house for hours. On examining the vulva no evidence of irritation was discovered. She was then anæsthetized and the rectum examined. Just above the sphincter was seen an ulcer about the size of a quarter of a dollar. Nitric acid was thoroughly applied to the spot and she very quickly recovered. The patient had had some pain after defecation, but nothing very noticeable.

In Reference to Menstruation after extirpation of the ovaries, the following professional opinions have been lately given (Am. Jour. Obstet. Oct., 1883); Dr. Campbell, of Ga., does not deny the influence of habit, periodical plethora, the ovaries and the Fallopian tubes, but he thinks there is a certain endowment of the nervous system. Dr. Goodell puts it that there is an irritation of the nervous bulb. Dr. Emmet had a case in which both ovaries were removed together with the Fallopian tubes, and yet there had been a regular menstruation thirteen times. Dr. Thomas said, as a rule, if the ovaries are removed, menstruation is the exception. If it occurred, it was due to a metrostaxis. The only benefit of Tait's operation, over Battey's, was that all the ovarian tissue was more likely to be removed. Dr. Byford believes that in many cases some of the ovarian tissue was apt to be left, that it is difficult to remove all of said tissue.

Dr. A. Reeves Jackson opposes the extirpation of a cancerous uterus, and states (Am. Jour. Obstet., Oct., 1883): 1. That diagnosis of uterine cancer cannot be made sufficiently early to insure its complete removal by extirpation of uterus. 2. When evidence can be established there is no reasonable hope of effecting a radical cure, and other methods of treatment far less dangerous than excision of the entire organ are equally effectual in the amelioration of the suffering, and retard the progress of the disease and prolong life. 3. Extirpation of the uterus is highly dangerous and never lessens suffering except in those whom it kills, and does not give a reasonable promise of recovery, and should not be adopted in modern surgery.

Dr. Lawson Tait thinks (Obstetric Gazette, Sept., 1883) uterine fibroid an incorrect term, and that myoma should entirely supersede it; that sexual activity was the limit of the period of its growth, and its ultimate cause would be found in some disturbance of the nervous structure which governs menstruation. He has treated fifty-four cases of uter-

ine myoma by the removal of the uterine appendages, with three deaths. Of these fifty-one, in thirty-eight the results had been carefully followed and were everything that was to be desired. In three the tumors were or became malignant. In three others the tumor continued to grow although menstruation had been arrested. Dr. Meadows thinks that in myoma, notwithstanding the high rate of mortality which attends hysterectomy, he preferred it to the removal of the ovaries.

Sir William McCormac concluded a lecture on gun-shot wounds, which he delivered by invitation at the Bellevue Hospital Medical College, in the following words (Med. Rec.): Gentlemen:—after all, what is surgery? It is work for a man's hands, and the old chirurgeon was the tool in the hands of other people. But is that the surgeon of to-day? No. He works with his hands, but he has to work with his head and with his heart as well. Surgery is a fight with death, in which, unfortunately, the surgeon is often powerless; but never before in the history of surgery have the equipments of the surgeon been more complete, and never before have the victories he has won been more glorious. We speak of conservative surgery. I think it is a misapplied term, for is not all surgery conservative? If the surgeon has to amputate a crushed limb or remove a malignant tumor, is not that conservation? Is any surgeon not conservative in surgery? I think the word should be almost banished from our language as applied to this science. The field of medicine is vast, and our best efforts will prove none too great when devoted to coping with the various human ills to which the different vocations in life expose us. The surgeon who will realize the best results is he who takes on the greater degree of appropriate knowledge and culture. While the field for the future is vast, human intelligence seems capable of growing with the requirements, and I feel assured that, as the surgeon of to-day is better able to grasp with the difficulties which he encounters than the surgeon of the past, so the surgeon of the future will be in advance of his brethren of the present, and his efforts to lessen the amount of human suffering will be crowned with a greater degree of success.

Dr. Barker, of New York, believes (Am. Jour. Obstet., Oct., 1883) that mechanical obstruction as a cause of dysmenorrhœa exists in only a small percentage of cases; that there are two forms of the diseases, one uterine and the other ovarian. In the uterine variety there are cases which do not depend at all upon obstruction, the pain is due to the effort of the uterus to relieve the plethora by the rupture of capillaries and exfoliations of mucous membrane. He uses the lactate of iron in doses of from three to five grains three times a day, associated with chlorate of potash; as soon as the symptoms of menstruation begin he gives apiol, which he looks upon almost in the light of a specific. In ovarian dysmenorrhœa there is no pain until the flow has continued for two or three days: then the cause was ovarian and the bromide of sodium in ten to fifteen grain doses in the middle of the forenoon, in the middle of the afternoon and at bed time, was the proper treatment.

A French Physician Considers hypodermic injections of ether very valuable in the adynamic forms of disease (Medical and Surg. Reporter). He reports five cases so treated Two injections, of twenty drops each time, were made daily, and under its influence the patient was aroused and delirium ceased. In pneumonia, these injections are of the greatest utility, as they are in every malady assuming a typhoid form.

The Board of Public Works in Paris (Amer. Jour. Obst.) have recognized the necessity of separate lying-in departments under the care of specialists, and have erected such departments in the principal hospitals of Paris, which are to be absolutely independent and under the guidance of men specially nominated; Budin at the Charité, Pinard at Lairbossiere, Rebemont at Tenon, and Porak at St. Louis.

Dr. John A. Lidell, in a very instructive article on the subject of certain abscesses of the neck which may cause sudden death, and how to treat them with success, in the number of the American Journal of the Medical Sciences for October, 1883, points out that sudden death may occur from deep-seated abscesses of the neck, or the continuance of life may be greatly endangered much oftener than is generally supposed, and that these abscesses in the neck are more frequently attended with hemorrhages due to the opening of important blood-vessels by ulceration or erosion, and by ramollissement consequent upon the disorders themselves, than abscesses in other surgical regions. The superior liability of cervical abscesses to the spontaneous occurrence of dangerous hemorrhages arises in part from the greater number and importance of the cervical blood-vessels; but more particularly from the inanition and exhaustion, or low state of the constitutional powers, and consequent feebleness of the reparative forces, which rapidly result from most of the deep abscesses of the neck, or rather from the inability to swallow enough food to support life, and from the powerlessness to get any refreshing sleep, or even repose, with which these abscesses are oftentimes attended. The septic or toxæmic influence of the fetid secretions and exudations which present themselves in the oral and faucial cavities in many instances, also aids materially to still further depress the patient, and weaken the reparative processes of his system. These deep-seated abscesses of the neck, when allowed to run their own course, do not exhibit any tendency to a spontaneous cure; but, on the contrary, they always tend to destroy life by burrowing or spreading, etc.; and Dr. Lidell shows that the earlier they are laid open and evacuated the better for both patient and surgeon. As soon as fluctuation is discerned, the abscess-cavity should, without delay, be freely laid open, the coagula turned out, the bleeding point or source of the hemorrhage brought distinctly into view, and the delinquent vessel itself should be ligatured on each side of the aperture in its walls. But should the ligatures cut through, the actual cautery must be applied to the bleeding point, the primitive carotid artery should be firmly compressed against the cervical vertebræ by the surgeon's thumb or fingers applied on the anterior part of the corresponding side of the neck, between the larynx or trachea and the inner border of the sterno-cleido-mastoid muscle, with force enough to press the artery backward and inward against these vertebræ, and flatten it thereon. Should this procedure fail, it will be advisable, especially in cases where the bleeding proceeds from tonsillary abscesses, to ligature at once the primitive carotid artery.

After Reading a very Interesting paper on the neglect of ear symptoms in the diagnosis of diseases of the nervous system, Dr. G. L. Walton said, in answer to a question by Dr. B. O. Kinnear: The seat of the cerebral centre of the auditory nerve was supposed to be situated in the first temporo-sphenoidal convolution. Functional disturbances of this portion of the brain may be accompanied by impairment of the sense of hearing. In a recent report in one of the journals was the diagram of an abscess occupying the exact seat of the auditory centre, but no allusion was made to the condition of the auditory function. Concussion of the cerebral substance has been followed by temporary disturbance of hearing, whether by vaso-motor or molecular disturbance is uncertain.

The Remains of the Illustrious Harvey, which had been lying in the vault under Hempstead church, in Essex, were removed on the 18th ult., St. Luke's day, with the sanction of Harvey's next of kin, to the Harvey Chapel, and placed therein in a sarcophagus provided by the Royal College of Physicians.

"Well," Remarked a Young M.D., "I suppose the next thing will be to hunt out a good situation, and then wait for something to do, like Patience on a monument." "Yes," said a bystander, "and it wont be long after you do begin before the monument will be on the patients."

CONTRIBUTIONS.

AUTOMATIC VITALITY.

BY H. F. PARKS, M.D., BETHALTO, ILL.

When the ovule is expelled from the ovary, and enters the Fallopian tube, it loses all direct connection with the nervous and circulatory systems of the female, and becomes merely a detached, lifeless portion of organic matter, subject to speedy disintegration. But if impregnation takes place, a new quality is added, a life within itself, a power by which it fastens again upon the tissues of its parent, and feeds from her fluids. The only marked difference then, between the ovule in the ovary, and the ovum in the uterus, is that in the former case its vitality is a part of the automatism of the female, while in the latter situation it lives and grows by reason of a vital force within itself.

The first manifestation of this automatic vitality is seen in the so-called "segmentation of the vitellus;" which is well known by all embryologists to be the beginning of that process of "cell proliferation" which results in the complete development of the whole fœtal organism.

This primitive cell formation enters directly into the structure of the "external blastodermic membrane," and from this primordial circle of life are developed the brain and spinal cord of the fœtus. Thus we are able to trace, anatomically, the quality of automatic vitality from its first manifestation to its final abode in the great centers of the nervous apparatus. These great nerve centers, then, are the real person, the true entity, and all other organs, or tissues, mere accessory appendages intended for their support or protection; as clearly so as the nails on our fingers, or the shell on the back of a turtle.

The exercise of the healthy functions of all parts of the body is but the expression of automatism in the effort at self preservation; to be viewed in the same light as the formation of the placental villi of the chorion in fœtal development.

Disease is this expression of automatism disturbed, or, as commonly defined, "disordered physiology." By mechanical means it may be, as in injury of the tissues, or chemically by the introduction of toxic elements into the solids or fluids of the body, thus perverting the normal vito-chemical changes controlled by that portion of the nervous apparatus presiding over the functions of vegetative life.

Hence we conclude that the cerebro spinal axis must be viewed as the citadel of life, anatomically, physiologically, and pathologically; and as the normal condition of the whole organism is maintained by its automatic vital force, so all disturbances are of nervous origin, and all diseases primarily neuropathic.

The question as to whether abnormal elements in the body affect directly the vito-chemical changes concerned in nutrition, or denutrition, either by chemical union or catalytic action, is not pertinent to a consideration of this theory of pathology; for the reason that it is a well established law of physiology that toxic agents, or effete products, are rapidly eliminated from the body through the proper emunctories; so that, unless by reason of extra neous causes an accumulation of such matter takes place in the tissues, to such a degree as to affect directly the vital action of the nervous apparatus, no real disorder can obtain.

A sick headache is as much a nervous disorder as hysteria, and puerperal fever as plainly neuropathic as eclampsia. It is as great a mistake to consider inflammatory affections local disorders as to think spasm a disease of the muscles. A chill was long ago denominated a "nervous phenomenon," and a fever is certainly not less so. Quinine cures pneumonia as readily as remittent fever, and is as potent a remedy in diphtheria as in neuralgia. The protean forms of dyspepsia are as clearly traceable to a nervous origin as asthma or glycosuria. Thus examples and comparisons of varied pathological conditions might be endlessly multiplied.

I saw a little girl recently who was affected with chorea, and at about the same time a boy presented himself with both hands thickly studded with warts, a true warty diathesis. Both children were treated with Fowler's solution alone, and about the time the girl made a complete recovery the boy's warts disappeared as if by magic.

Here we have a typical case of centric nervous disorder and obscure lesion of peripheric nutrition treated in the same way with equal success. Was the modus operandi of the drug different in the one case from the other?

The caption of this brief paper might have been "The Unity of Pathology," but for the fear that some wise old man would give it a glance, utter the word "cranky," and fail to read it. We are all somewhat like grown-up children, and the plainest truth must often be repeated to make an impression on the mind.

REPORT OF A CASE OF PUERPERAL CONVULSIONS.

BY A. C. WILLIAMS, M.D, HUGO, ILL.

Mrs. R., age 16, primipara, of plethoric habit, was delivered of a male child, after a rapid, easy labor, but complained of considerable occipital headache during the second stage; there was also considerable restlessness and headache after the de-

livery was accomplished. With these premonitory symptoms, I gave considerable bromide of potash, but she was seized with convulsions in a short time. Venesection, to the amount of eight ounces, was performed, and hydrate chloral, grs. xx; morph. sulph. gr. ½; were exhibited, and the seizures disappeared. In a few hours, however, they returned, though anticipated with the bromide in fair doses. The first attack she had three, and the next five convulsions, before I succeeded in arresting them. The second time I took twenty-four ounces of blood from the other arm, and gave every hour, chloral, grs. xx; tinct. veratrum (Norwood's), gtt. x; and fl. ext. gelsemium, gtt. x; substituting bromide of potash for the chloral as soon as the seizures disappeared, which they promptly did after the bloodletting. After a few hours they again returned, and she had two seizures before they could be controlled. I now opened the orifices previously made in both arms, and took sixteen ounces of blood, and fell back on my scruple doses of chloral. It was now a race which would kill her first, and I determined not to be beaten, since she had better die of loss of blood and hypnotics, than of convulsions. She had now had ten seizures, when they disappeared and have not since returned, and during those few hours I gave her eighty grains of chloral, half grain morphine, one fluid drachm each of veratrum and fl. ext. gelsemium, and took three pints of blood. A bladder filled with iced water was continuously kept on the head. In closing, I wish to state that I have never saved a case of genuine puerperal convulsions in which I did not bleed. I have never lost a case in which I did bleed.

*NOTE ON THE SUB-UNGEAL PULSE.**

BY DR. H. GRIPAT.

In a communication on the visible capillary pulse made to the Société Clinique, June 14, 1883, M. Albert Ruanet did me the honor to cite a case of sub-ungeal pulse reported by me to the Société Anatomique, June 6, 1873, declaring it to be probably the only one published in France prior to his.

Since ten years that I have observed this sign, I have not had an opportunity of seeing it again, although I have never failed to look for it in aortic insufficiency. On that account I believe the phenomenon to be very rare. I will add that it is not constant in the same patient, and that the vaso-motor conditions which produce it, and which are to be studied, must be transitory, as remarked by Prof. Ball.

By referring to the notes taken at the patient's bedside, I find a few points which seem to have some interest.

*La France Médicale, Oct. 20, 1883.

Fetzner, a cabinet maker, aged 29, is the son of a rheumatic father. At the age of nine he had a first attack of articular rheumatism, lasting two months.

At eighteen, a new attack, less intense, but longer, with heart complications. Since then, he has frequently had palpitation, and during the attacks dazzling sensations. At twenty-one, he had a third attack, sub-acute in form, of fifteen days duration, with fresh cardiac troubles. From that time the heart troubles appear less annoying, probably because the cardiac muscle has acquired greater power of impulse.

About a month ago, after taking a cold, there was coryza with fever and gastric trouble; then, at the end of a few days, articular pains in the hands and knees, without fever, but new heart troubles. Blisters were placed over the heart and joints.

June 2, 1883, he was admitted to the hospital, and had dull pains in the joints, and gastric disturbance.

The pulse is regular, bounding, compressible; it is seen to beat very plainly in arteries of a moderate calibre, such as the temporal, arterial, plantar, and collaterals of the fingers. Upon slightly raising the fingers, whilst the hand remains flat upon the bed, the blood is seen to come briskly under the nail and to color it red; this color disappears almost instantly and the nail becomes white in its centre, remaining red only at the edges. The color is transitory, intermittent, pulsatile and systolic.

Thus I transcribe these notes verbatim in order to establish the fact that I had observed the redness during the systole, and that during the diastole the central part of the sub-ungeal field was pale. The arterial system presented its normal elasticity, without any atheroma.

At the base of the heart was heard a soft blowing, the first very sound weak and the second stronger and prolonged to the apex. At the neck the transverse part of the aorta could be observed to beat strongly (it was probably dilated); a double souffle was heard over the carotids, the first much more intense than the second. This souffle could be heard the whole length of the spine. In Scarpa's triangle there was but one very strong systolic souffle, but two days later, Durozier's double souffle could be found.

I will add that at the time the patient entered the hospital the heart beats were very strong and very regular, and that the apex struck the fifth intercostal space below and a little to the left of the nipple. There was then hypertrophy of the walls of the heart.

On July 2, the patient, free from pain, had preserved all the signs of aortic insufficiency and was very anemic. He was discharged that day.

In a sphygmographic tracing of the third of June it is noted that there is a line of high ascent, in-

clined slightly to the left on account of the suddenness of the cardiac impulse, with a long absciss and rebounding dicrotism.

The conditions then which produced the phenomenon of a sub-ungeal pulse were the following:

A young patient having rheumatism of a long date, an old aortic insufficiency with cardiac hypertrophy and anemia, and in the midst of an attack of sub-acute rheumatism; strong cardiac impulse and capillary circulation rendered less, in the capillary system at the end of the fingers, by their elevation; the hand remaining flat upon the bed; thus was the phenomenon notably accentuated.

I did not notice whether the nails presented a particular form; I believe they were normal.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, Nov. 10, 1883.

The President, Dr. Barret, in the chair.

DR. POLLAK presented a specimen, the following being a history of the case: A lady called to see him who was troubled with bleeding from the eye for several years. The eye was perfectly clear and sound, as also the lids, which were also smooth. By pressing under the upper tarsal margin, however, a racemose tumor of the size and shape of a blackberry was discovered, which bled profusely. The tumor lay flat under the lid. It was rapidly and easily removed, leaving a smooth surface save where it hung by a small pedicle, which was easily twisted off. The lids were neither discolored nor out of shape, save the fact of being slightly conical in appearance. The patient could see well except for the obstruction caused by the oozing of blood. Dr. P. thinks the tumor is a simple polyp, and that it was the motion of the lid that caused the hemorrhage, as it did not bleed at night when the lids were quiet. Removal of the tumor arrested the hemorrhage and naught but a slight ptosis remained.

DR. PORTER said that he was not surprised because a polyp had been taken from the eye, but because the occurrence was so rare. The reason a great many are overlooked is because attention is not directed to them. He removed, easily, a polyp from the edge of the tongue. These lingual polypi are not included in any classification.

DR. WILLIAMS said that the black color of the tumor would incline to make him suspect it as malignant. He never saw a red polyp.

DR. POLLAK examined the lid to-day and it was cicatrized, the operation having been performed Thursday. There is hardly any space here for a polyp to develop; certainly there is nothing extraordinary about it.

DR. WILLIAMS has seen a polyp from the lower, but never from the upper lid.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

MALIGNANT GROWTHS OF THE STOMACH AND OVARIES. Presented by DR. ESKRIDGE.

Mrs. A., æt. 42 years, married, born in Germany, had done hard service work all her life. She had had two children, both living and healthy, three and two years old respectively. Her husband was a drunken, dissipated fellow. Her children were born at term. She nor they presented any evidence of syphilis. She had had no abortions. Her confinements had been normal. After the first she remained in bed ten days, but after the last only five, as she was compelled to go out washing to earn bread for herself and children. Until her last confinement she had always felt well, and weighed two years ago one hundred and forty (140) pounds, but soon after the birth of the child she began to lose flesh and strength. So far as she knew, none of her relatives had suffered from cancer or tuberculosis. In the latter part of the year 1882, she fell on her stomach and hurt herself considerably. Soon after the accident her abdomen became painful and began to swell. In March, 1883, she was admitted to the Episcopal Hospital. She remained in that hospital several weeks, and during her stay there her abdomen was twice tapped, a large quantity of straw-colored serous fluid having been drawn off each time. She entered the Hospital of the Jefferson Medical College very much emaciated, July 1st, 1883. Dr. Getchell twice drew off large quantities of fluid similar in appearance to that obtained from her while she was in the Episcopal Hospital. She came under my care July 17th. She was very weak and her appetite was poor, but her stomach was tolerant and had been so during her entire illness. Her abdomen was greatly distended, and slightly painful to palpation. No nodules could be felt in any portion of the abdominal cavity. No heart or lung trouble was detected. The urine was normal in appearance and quantity. The temperature over the abdomen was a little higher than in the axillæ, where it was 99.4° in each.

A few days later about three gallons of a yellowish serous fluid were drawn from the abdominal cavity. After the operation the abdomen was flaccid and tolerant of manipulation. A tumor just below the ensiform cartilage of the sternum was felt. It was thought to be connected with the stomach. A tumor much larger on the right side than on the left was observed in each ovarian region. The liver and spleen presented, so far as I was able to detect, no evidence of disease in these organs.

Occasionally she was troubled by diarrhœa. She grew weaker, and her abdomen more tender. She died from asthenia August 1, 1883. Her stomach remained tolerant to the last. From July 27 to August 1 her temperature ranged from 100.4° to 102°. She was treated mainly with anodyne and supportive measures. Anti-syphilitic treatment was at one time employed, but without any improvement.

Sectio cadavaris twenty-one hours after death. Body greatly emaciated, the adipose tissue being almost completely absorbed. Parietal layers of the peritoneum thickened, opaque and quite firmly attached to abdominal muscles. Its internal surface is very rough, and presents a rugose appearance almost as well marked as the mucous membrane of a healthy stomach. The rugosed surface is made up of layers of firmly adherent lymph and is studded throughout by deposits of pigment. The peritoneal cavity contains about one and a half gallons of a straw-colored serous fluid. Bowels are distended with gas and variegated internally by deposits of old lymph. Stomach is distended with fluid. It is very small, capacity not more than a pint. It is firmly bound to all adjacent structures by bands of old and recent adhesions. Externally it presents the appearance and feel of an old cystic kidney. Its length is about eight inches; greatest breadth, three inches, the calibre of this portion not being more than one and a half inches in diameter. The mucous surface is smoother than normal, is anæmic in appearance. While the growth encircles the stomach at its pyloric end (two-fifths), its thickest portion is along the lesser curvature. The walls at the cardiac end of the stomach are thinner than normal, easily torn, and present several ecchymotic spots. The pyloric orifice is greatly dilated, and admits all the fingers of one hand being passed up to their second joints.

The calibre of the upper portion of the duodenum is two or three times larger than normal. The walls of the bowel at this point are thickened, but the thickening does not extend more than two or three inches, when the bowel resumes its normal appearance. General adhesions are found, binding together the greater and lesser bowels, but at no point are their calibres materially lessened. The caput coli is much enlarged, and its appendix is curled upon itself, presenting a snail-like appearance. Bladder healthy. Kidneys nearly normal in appearance. Spleen small, soft and pulpy. Liver slightly enlarged. The edges of incisions made in it, are slightly prominent. The capsule is easily detached without tearing the hepatic substance. The interior of the organ is dark, pulpy and very soft, being almost as easily torn with the finger as a healthy spleen. Gall-bladder is distended with a fluid similar in appearance to that found in the general peritoneal cavity. It also contained three angular stones about the size of a hickory nut.

A spherical growth about five inches in diameter is connected with the right ovary. About two-thirds of the tumor is formed by a cyst whose walls are about an eighth of an inch thick. The inner surface presents a cheesy appearance from broken-down exudated lymph. The contents of the cyst are a dark muddy liquid. The remainder of the tumor is made up of a caseous-like substance, in which a cyst about the size of a walnut is found. Connected with the left ovary is an ovoidal growth, about three inches in length and two in breadth. The tumor is made up of a fibro-fatty substance. The womb quite small and apparently is not the seat of any disease.

The stomach seems to be the point of chief interest in the above case. The absence of nausea, vomiting, eructations and other symptoms of gastric indigestion in a contracted stomach, the pyloric two-thirds of whose walls are infiltrated by a neoplastic growth, can be explained only, I think, by the presence of the enormous dilatation at the pyloric orifice. This condition of affairs permitted undigested food to pass from the stomach into the bowel readily. Gastric digestion was apparently almost nil, the fluids in the intestine performing their own function and that of the gastric juice.

It is probable that the growth in the stomach is secondary to those of the ovaries, and that the peritonitis followed by ascites was occasioned by the fall received eight months before the death of the patient.

REMARKS.

The President said he never saw a case of disease of the stomach with so much thickening of walls and contraction of the cavity combined with so much dilatation of the pyloric orifice.

Dr. Formad said that, judging from the specimens without a microscopic examination, he did not think there was any trace of cancer either in the ovaries or stomach. It looked more like a case of chronic fibroid gastritis. He has seen several cases of that kind. They are described and figured by Thierfelden in his Pathological Atlas. He also has in his possession a specimen of the affection. The ovaries also look fibrous, and malignant disease of the ovaries is usually sarcomatous. It would be interesting to know if there were any metastases but it is not likely.

Dr. Musser thought that it would not be possible to say positively what the growth was unless a microscopic examination was made. It resembled very much a case which he had reported to the society some time ago. The disease in that instance was confined to the stomach.

DR. ESKRIDGE, in reply, said that after examining the specimens carefully he felt that he would not be justified in calling it either sarcoma or carcinoma, and so called it "a malignant growth." He would like to ask Dr. Formad if in the case he referred to there was intolerance of food. In this case there was an absence of vomiting, notwithstanding the extent of the disease.

DR. FORMAD said that he did not have the case under his care clinically.

DR. ESKRIDGE, in reply to Dr. Formad's query as to whether there were any metastases, replied that there were none.

DR. TYSON.—In one of my cases, with all the symptoms of cancer of the stomach, post-mortem showed what was called fibroid thickening by one pathologist, but which Dr. Formad and himself regarded as cylindrical epithelioma.

The specimen was referred to the Committee on Morbid Growths for examination.

SELECTION.

ON THE PATHOGENESIS OF PNEUMONIA.

BY GEORGE M. GILES, M.B., F.R.C.S.,

Surgeon to the Indian Medical Department, 2nd Punjab Cavalry.

[British Medical Journal.]

The publication of a leading article on the above subject in the Journal of March 3rd, 1883, leads me to now make this communication, which I have been delaying until I should have cleared up in my mind certain points in connection with an organism I have been observing in the blood and tissues of cases of pneumonia.

In February, 1882, I was sent to do duty with the 4th Punjab Infantry at Dera Ismail Khan, on the Punjab frontier, and found that there was then so great an amount of pneunomia among the troops, that it might be well called epidemic. Outbursts of pneumonia of epidemic characteristics are not uncommon among native troops in this part of India, during the cold season, and there is a very generally diffused opinion among the medical officers of the Punjab force, that the disease is, at any rate occasionally, communicated by contagion.

At that time, I had not seen any notice of the observations alluded to in the journal, but so many diseases had been recently demonstrated to be characterized by the presence of micro-organisms in the blood, that I was led to carefully examine the blood of my patients.

On submitting the blood of a case to a power of about eight hundred diameters (Ross, one-twelfth immersion objective), I was surprised to find that it contained immense numbers of minute more or less spherical foreign particles; and further careful observation of cases brought out the following facts. These particles are present from the very commencement to the end of the attack, and often persist in scanty numbers far into convalescence.

If the blood be examined in a case of pneumonia as soon as the earliest symptoms declare themselves, there will be observed, a number of micrococcus-like bodies about one-eighth to one-tenth of the diameter of a blood-corpuscle, i. e., about one micromillimetre. They appear spherical or nearly so, unless great care be taken in the adjustment of the lens. If examined in a warm, moist chamber they will be found to possess two motions; first, the ordinary Brunonian vibration, and secondly, an independent locomotion of their own. On occasions when the adjustment of the screw-collar of the objective and the light have been favorable, I have made out as they twist about a pyriform outline, and have once or twice had a glimpse of an extremely fine lash springing from the smaller end. After two or three days, a second form appears, in the shape of a nucleated cell from two to three micromillimetres in diameter, the nucleus of which, in size and appearance, is much like one of the first described form. In these, no signs of locomotive power have as yet been observed. The smaller kinds are still found in great numbers, and by this time will be often found joined into chains of from two to ten or more individuals. When this is the case, they too appear to have lost the power of locomotion.

Coincidently with the appearance of this nucleated form (or stage, as I take it, of the micrococcus), a third appearance manifests itself, in the shape of large colonies of the smaller sort, united together by a hyaline structureless material, forming masses as large as fifteen to twenty micromillimetres. These collections are probably zooglœa, and are of a consistence of some firmness; for, in specimens examined warm, I have not unfrequently observed the red corpuscles to run against them, the corpuscle becoming altered in form, while the zooglœa-mass yielded scarcely at all. If the blood be dried on a cover and stained by "Koch's method," these micrococci will be found to stain well with most anilin dyes. The best suited is one I obtained some years ago under the name of "anilin blue." I am unacquainted with its exact name, but it is a different article from methyl blue.

During the progress of the case, these zooglœa-masses commonly disappear, and a more or less distinct repetition of the same cycle may often be observed; but as a general rule the process appears to become confused.

The sputa, too, may, by Koch's method, be demonstrated to absolutely swarm with micrococci, and often, in fact, to be largely made up of them.

After death, both in man and, as will be described below, in rabbits, I have made out their presence in the tissues of all parts of the body, but especially in the capillaries of the lung, which are often found blocked with clot containing immense numbers.

In severe and fatal cases, I have frequently observed a curious circumstance. When the patient is at his worst, the drop of blood for examination can only be made to flow with great difficulty; and when it is examined, few or no micrococci will be found free in the blood, all present being either in the zooglœa-stage, or, if single, firmly adherent to the red corpuscles, so as to make them, even in freshly drawn specimens, look like mulberries.

If currents be produced under the cover by pressing on it with a needle, some of these may occasionally be seen to become detached, and to float about free; but the moment they happen to come into contact with some corpuscle, they adhere to and are carried about by it.

Now, the pneumonia seen here often runs an extremely rapid course, death sometimes taking place in as little as twelve hours, with signs of pulmonary engorgement; but with no pronounced dullness on percussion, and, post-mortem, with only deep congestion of the lungs, and often extensive pulmonary apoplexy. It is in such, especially, that I have observed the appearance of blocking of the capillaries.

Is it carrying too far "the scientific use of the imagination" to surmise, that this blocking may be caused by the corpuscles becoming matted together by the adherent micrococci and by the infarction of of zooglœa-masses, many of which reach dimensions too great to allow their passing through the finer capillaries?

The presence of these microphytes in the blood and sputa appeared to me to lend considerable probability to the theory of communication by contagion; and, with a view to test this I performed the experiments described below.

Experiment 1.—I injected into the pleural cavity of a rabbit a small quantity of the freshly ejected sputa of a pneumonic patient. Twenty-four hours later, immense numbers of the smaller or non-nucleated form of the micrococcus were present in blood. In thirty-six hours after the injection, the animal died. Post-mortem, there were present effusions into the pericardium of clear fluid, and of a turbid fluid into both pleuræ. The lung on the side of the injection was covered with lymph, and partly adherent. Both lungs were intensely congested; the other organs were healthy. The blood and pleuritic fluid swarmed with the smaller form of micrococci. The next day, on examining some of the pleuritic fluid that had been put aside in a covered vessel, it was found to contain the nucleated form in addition.

Experiment 2.—I injected some pneumonic sputa into the subcutaneous cellular tissue of the back of a rabbit. As in the first experiment, the animal became ill. Micrococci, first of the smaller, and then of the nucleated form, appeared in the blood, and the animal died, but not until four days after the injection. Post mortem, the pericardium and pleuræ were filled with a turbid fluid, and the lungs showed signs of pneumonia more advanced than in the first case. The other organs were healthy, and no sign of the point of injection could be made out.

Dogs and rats proved incapable of being infected, either with the fluids of the dead rabbits, or with human pneumonic sputa.

During the past cold season, experiment 2 has been repeated, and the fluids from this animal proved infective to another rabbit.

Potato-cultivations.—A minute quantity of sputum was placed on a slice of boiled potato, after the method recommended by Koch for cultivating the anthrax and other germs. In a few days, a greyish-white scum was seen spreading out over the surface, from round the point of sputum. This scum, on microscopic examination, proved to consist of a micrococcus, of exactly similar size and appearance to those already described in the blood. The cultivation of this micrococci was carried on a potato to the seventh generation; and the experiment was several times repeated, and carried on through several generations, there being apparently no limit to the number. A minute speck of blood was placed on a slice of potato in the same way, and round it grew a scum of exactly similar appearances, consisting of micrococci exactly like those in the blood or grown from sputum.

A little of the third generation of one of the potato-cultivations from sputum was mixed with distilled water, and injected into the cellular tissue of a rabbit's back. The animal became obviously ill, and the blood for many days swarmed with micrococci—all three stages, nucleated, non-nucleated and zooglœa, being detected. It however recovered, and about three weeks after was used in an experiment with the injection of sputa. The poison in this case must have been very virulent (the patient from whom it was taken died a few hours after it was collected), for this animal died within a few hours. Post mortem, the lung was found to be in a state of recovery after pneumonia.

Afterwards, some of a sixth generation sputa-cultivation was injected. In this case, again, the animal became very ill—so obviously so, that I was surprised at its recovery. Three weeks after, it

was killed, and the last traces of an attack of pneumonia were still apparent in the lungs.

Since I first noticed these bodies in the blood, in February, 1882, I must have seen them in about fifty or sixty cases. They appear to be constant, for I have found them in every case that I have examined.

Under these circumstances, the possibility of communication of pneumonia by contagion can scarcely be doubted. Whether such an occurrence be at all common, or usual, is a matter by no means so easy to decide. At least, it appears that it is advisable to carefully disinfect sputa in this disease, before disposing of them where they will probably become constituents of the dust which fills the air in dry climates such as this.

Before concluding, I should add that, in the pneumonia we meet with in this part of India, a large number of cases, while running the same course, as to pyrexia and general symptoms, as seen in the typical acute pneumonia of Europe, are yet, as to physical signs, instances rather of lobular than of acute croupous pneumonia.

REPORT OF THE CHOLERA INVESTIGATIONS IN EGYPT.

BY DR. KOCH.

As the cholera epidemic was already rapidly on the decline when the commission arrived in Egypt it was not to be expected from the very commencement that that country would afford full scope for the investigation. Moreover, as in an epidemic the period of its decline is the least adapted for its ætiological investigation, the original plan was to make the necessary preparatory studies in Egypt, in order, on the epidemic spreading to Syria, to avail ourselves of these in those places which, from having just been invaded by cholera, would have afforded a favorable ground for investigation.

The first part of this plan we have been able so far to carry out according to the wishes of all, for the commision has found plenty of opportunity, during its stay in Alexandria, of collecting the necessary materials for its preparatory studies. For this success I am chiefly indebted to the kindness of the doctors of the Greek hospital, who advanced the objects of the expedition in the most effective manner by placing at our disposal sufficient rooms, as well as the cholera patients who came to the hospital and the corpses of those who died from the disease.

At first the commission occupied for their work two bright rooms adjacent to one another on the ground floor of the hospital. One of them was devoted to the misroscopic work, and the other to the inoculation experiments. The animals on which the experiments were made were kept in both rooms. But as their number increased, and as it appeared dangerous to be handling the inoculation matter in the same rooms in which one spent almost the whole day, the animals for experiments were brought into a room of the old hospital, distant from the others, where the experiments of inoculation were made.

The materials we have had up till now for investigation have been twelve cholera patients and ten cholera corpses. The symptoms correspond in each case in every detail to those of genuine Asiatic cholera. Small portions of the blood of these patients, the ejecta and excreta was taken and examined. As it was very soon evident that the blood was quite free from micro-organisms, and that the ejecta too contained only comparative few of them, but that the excreta contained a very significant amount of micro-organisms, these were mostly used for the inoculation experiments on the animals. Amongst the dissected subjects the most different nations are represented (three Nubians, two German Austrians, four Greeks, one Turk), various ages (two children, two adults over sixty years of age, the rest between twenty and thirty-five), and cases of different durations of illness. The most important point, however, is, that the bodies could generally be dissected immediately after death, or only a few hours afterward. The changes which are caused in the organs, and especially early in the intestines, by decomposition, and which render the microscopic investigation of these organs extremely difficult, were thus with certainty avoided. I am inclined to give the more weight to this circumstance, as it will scarcely be possible to obtain in other places subjects so suitable for microscopic investigation.

The state of the bodies, as also the symptoms of the disease, left no doubt that we had to deal here with Asiatic cholera, and not, as was asserted at first on many sides, with diseases similar to cholera, so-called choleriform and choleroid complaints.

No organized infectious matter could be traced in the blood, or in those organs which in other infectious diseases are generally the seat of micro-parasites—as, for instance, in the lungs, the spleen, the kidneys, or the liver. Sometimes bacteria were found in the lungs, which, however, as was evident from their shape and position, had nothing to do with the course of the disease, but had reached the lungs by the inhaling of the ejected contents of the stomach.

Micro-organisms in great abundance and of most different kinds were found in the contents of the intestines, and in the excreta of the cholera patients. No one kind was present in great predominance over the others.

Special signs were also wanting which could have

been attributed to a connection with the process of the disease.

On the other hand, the intestines themselves gave an important result. With the exception of one case, which some weeks after getting over the cholera terminated fatally from another complaint, a certain kind of bacteria was found in the coatings of the intestines. These bacteria are stabiform, and belong therefore to the bacilli; they resemble in size and form the bacilli found in glanders. In those cases in which the intestines by magnifying show the slightest changes the bacilli had penetrated into the utricular glands of the mucous membrane of the intestines, and had caused there a considerable irritation, as the dilatation of the opening of the gland and the collection of granular circular cells in the interior of the gland showed. In many cases, the bacilli had found their way behind the epithel of the gland, and had multiplied between the epithel and the granular membrane. The bacilli had also settled in large numbers on the surface of the villi of the intestines,and had often penetrated into their tissue. In severe cases which terminated in bloody infiltration of the mucous membrane of the intestines, the bacilli were found in large numbers, and they did not then confine themselves to the invasion of the utricular glands, but passed into the surrounding tissue, into the lower layers of the mucous membrane, and in some cases right to the muscular skin of the intestine. If this discovery had not been made in perfectly fresh corpses, one could have made little or no use of it, for the influence of putrefaction is able to bring about similar vegetation of bacteria in the intestines. For this reason I had been unable to attach any value to the fact that I had already, a year ago, found in a cholera infected intestine, which I had received direct from India, the same bacilli in the same order as now in the Egyptian cholera cases for I was always obliged to think of a possibility of complication with post-mortem putrefaction. But now this former discovery, which was made in four different Indian cholera subjects, is of considerably greater value, as now the possible error caused by the appearance of putrefaction can be safely set aside. It is also not unimportant that in the similarity between the state of the intestine in the Indian and Egyptan cholera cases a further proof of the indentity of both diseases is obtained. The number of cholera subjects that we were able to investigate was certainly small. But we met with the bacilli in all cases of cholera that were immediately brought under our attention, whilst in the one case that we investigated after the process of cholera was over, and in many cases of people who died of other diseases, and whom we examined with the same purpose, they were missing, there can be no doubt that they stand in some relation to the operations of cholera. However, from the coincidence of the latter with the intestines, we can not conclude that the bacilli are the cause of cholera. It might be the very reverse, and it could just as well be supposed that the operation of cholera causes such disturbances in the mucous membrane of the intestines, that from the many bacteria that are always parasite in the intestines, one form of certain bacilli was enabled to penetrate into the tissues of the mucous membrane of the intestine. Which of these assumptions is the correct one—whether the operation of infection, or whether the invasion of bacteria is the primary cause —can only be decided by trying to isolate the bacteria from the affected tissues, to propagate them artificially, and then by inoculation experiments on animals to reproduce the illness. For this purpose it is absolutely necessary to have such animals at one's disposal as are susceptible to the infectious matter in question. Despite all endeavors, no one has yet indisputably succeeded in making animals ill of cholera.

Several experiments have been made on rabbits, guinea-pigs, dogs, cats, monkeys, pigs, rats, etc., but always without result. The sole statements which in this matter are deserving of attention have been made by Thiersch, who saw a number of mice get diarrhœa, and die after having been fed upon the contents of a cholera-infected intestine, This experiment has been confirmed by trustworthy experimentalists, as, for instance, Burdon-Sanderson, though certainly disputed by others. Anyhow, it was necessary to repeat these experiments, as it is of the greatest importance to find an animal that is susceptible to cholera. For this purpose, fifty mice were brought from Berlin, as it was very improbable that the requisite number of them could soon be procured in Alexandria, and the inoculation experiments were begun on these. Monkeys, too, which are the only species of animal susceptible to some human diseases, such as small-pox, were also used for these experiments. Finally, attempts were made to infect some dogs and poultry. But in spite of all efforts these experiments were without result.

The bacilli found in the contents of the intestines and in the coatings of the intestines were also artificially propagated, and with these, too,experments were made by giving them as food and partly by vaccination. Some of these produced putrefying illnesses when they were inoculated, but cholera could not be produced from any of them.

That the infectious matter must often be contained in a powerful form in the excreta of choleric patients is proved by much experience, especially by the frequent cases of illness amongst laundresses,

who had to wash the linen of the cholera patients. In the Greek hospital such a case occurred, and a laundress, who was exclusively occupied with the washing of linen from cholera patients, caught cholera.

It is perfectly certain that in the numerous samples made use of, some at least contained the infectious matter. If, however, no result was obtained, it may have been because the species of animals used for the experiments were themselves unsusceptible to cholera, or that the correct method of inoculating has not yet been discovered. In both directions the experiments are to be continued and modified, but there is little hope of anything being attained in this direction with the material at our disposal.

For it is not very probable that the reason of the failure of the experiments is to be looked for in these circumstances alone. There is another explanation for the accuracy of which much can be said. In one of the places visited by the cholera it is known the plague died out long before all the persons had taken infection, and although the infectious matter was scattered in great quantities all over the whole place, fewer people became ill, and the epidemic disappeared in the midst of many persons susceptible to the disease. This occurrence can only be explained by the supposition that towards the end of the epidemic the infectious matter loses some of its infective power, or at least is uncertain in its spreading. But if towards the end of the epidemic even human beings are themselves no longer so liable to receive the infectious matter, then one cannot but expect that this will also be the case in experiments with animals, about whose susceptibitity to cholera nothing is as yet known. For our experiments we only had at our disposal such objects as had been collected at the end of the epidemic,whose inefficiency was more or less to be presupposed. It is possible that under favorable circumstances—for example, at the commencement of an epidemic—the inoculation of animals might succeed, and by this means we might at once get to know if the bacilli traced by me in the mucous membrane of the intestines are the real cause of cholera.

Far as the results hitherto obtained by the commission are from the solution of the problem, and little as they are adapted for practical use in struggling against cholera, yet, in consideration of the unfavorable circumstances and the short time of investigation, they may be considered good. They entirely answer the original purpose of the preliminary investigation, and in so far exceed this, as enough has been effected for the first condition which has to be fulfilled in inquiring into a contagious disease by the constant discovery of characteristic micro-organisms, and thereby a fixed boundary has been placed for further investigation.

From the preceding account it can be seen that the commission has not been able to acquire fresher information for the solution of the problems given to it than has been obtained hitherto.

Hereupon follows a brief explanation of the localities where the investigations could be continued, concluding thus:

The only possibility of continuing the investigations is now offered in India, where in several large towns, especially in Bombay, the cholera is prevailing to such an extent that one cannot expect it will die out for some time. There, too, we could without any doubt most easily get attached to a hospital, that having proved of such advantage in Alexandria.

The report finally winds up with remarks on other results of Dr. Koch's investigations, not connected with cholera.

Acting on the above report, the continuation of the scientific investigations in East India has been allowed, and the commission will shortly leave for Bombay for this purpose.

Loss of an Eye from Sewer-gas after Extraction of a Cataract.—To the Am. Ophth. Ass., Dr. McKay, of Wilmington, reported the case of John H., a German brewer, sixty-one years of age, who was operated upon April 16, 1882, for senile cataract, without an anæsthetic, by Graefe's method of linear extraction. The upward operation was performed satisfactorily, and without accident. He counted fingers immediately after the operation. The eye was covered with absorbent cotton and a light flannel pressure bandage, without the further introduction of a mydriatic. Three days and a half after the operation the bandage became somewhat loosened. The eye was examined, and atropine was introduced. The incision had closed; the cornea was clear; the pupillary field was dark, and vision, tried for a moment, was very encouraging. The patient subsequently showed symptoms of some general disease, evidence of contamination of the atmosphere by sewer-gas was detected, and finally the eye was lost, in consequence, as Dr. McKay believed, of the poisoning of the general system produced by this noxious agent.

According to Dr. Brown, of San Francisco (Med. and Surg. Reporter), the Chinese must make very good patients, for they invariably carry out instructions to the letter, are very grateful, and always pay their bills. Constipation is almost unheard of among them. Their children at birth are usually much smaller than white babies, six pounds being the average weight. They use paper on the lying-in bed as a protection, and thin paper as napkins for the lochia. It has the appearance of a muslin fabric, being thick and soft. It is prepared, however, from a stout paper of a light brown color, smooth and bearing no resemblance to that in use. The mode of preparation consists simply of crumbling and rubbing it with the hands. Being tough and thick, it is completely transformed by this process, and makes a soft fabric, almost impermeable to water and admirably fitted for temporary protection to the bedding, one sheet being replaced by another as soon as it has become soiled. Lacerations of the cervix are very rare among them.

The Hydriodate of Hyoscin is recommended by Dr. Fraentzel (Med. News) in the treatment of the night-sweating of phthisis, in subcutaneous doses of half a milligramme (one one hundred and fortieth of a grain) or in pill beginning with the same dose. He does not find it so universally beneficial as atropine, and it sooner exhibits a narcotic action; but he has seen good results from it in cases where atropine has proved useless, or has failed to act after being in use for sometime.

Dr. Garnett in an Article on the advantages of drainage in suppurative pelvic peritonitis and cellulitis (American Jour. of Obstetrics, Oct., 1883), puts it that a very large proportion of women who are daily treated for uterine displacements, ovaritis, endometritis, or cervicitis, and who are thus permitted to drag along a suffering existence with temporary alleviations, are in reality the subjects of either parametrititis, peritonitis, or some form of inflammatory exudation embracing greater or less areas of abdominal or pelvic space.

THE ARMY.

Official List of Changes of Officers serving in the Medical Department U. S. Army, from September 15, 1883, to October 6, 1883.

Tilton, H. R., Major and Surgeon: Assigned to duty as Post Surgeon at Fort Wayne, Michigan. (Par. 4. S. O. 183, Department of the East, September 28, 1883.)

Brechemin Louis, Captain and Assistant Surgeon: Relieved from duty at Fort Columbus, N. Y. H., and assigned to duty at Fort Wadsworth, N. Y. (Par. 5, S. O. 183, Department of the East, September, 28, 1883.)

De Loffre, A. A., Captain and Assistant Surgeon: assigned to duty at Fort Niagara, N. Y. (Par. 5, S. O. 182, Department of the East, September, 27, 1883.)

Havard, Valery, Captain and Assistant Surgeon: Assigned to temporary duty at post of San Antonio, Texas. (Par. X. S. O. 120, Department of Texas, September 21, 1883.)

Reed, Walter, Captain and Assistant Surgeon: Relieved from duty at Fort Omaha, Nebraska, and assigned to duty as Post Surgeon, Fort Sidney, Nebraska. (Par. 5, S. O. 103, Department of the Platte, September 22, 1883.)

Shannon, W. C., Captain and Assistant Surgeon: Assigned to duty at Fort Bridger, Wyoming, (Par. III. S. O. 102, Department of the Platte. September, 19, 1883.)

Appel, A. H., First Lieutenant and Assistant Surgeon: Assigned to temporary duty at Fort Warren, Mass. (Par. 3, S. O. 181, Department of the East, September 25, 1883.)

Carter, W. F., First Lieutenant and Assistant Surgeon: Assigned to temporary duty at Washington Barracks, D. C. (Par. 5, S. O. 182, Department of the East, September 27, 1883.)

Richard, Charles, 1st Lieutenant and Assistant Surgeon: Relieved from further duty at Creedmoor, New York, to return to his proper station Fort Adams, R. I. (Par. I. S. O. 180, Department of the East, September 24, 1883.)

Richard, Charles, First Lieutenant and Assistant Surgeon: Granted leave of absence for two months, with permission to apply for extension of two months. (Par. I. S. O. 49, Military Division of the Atlantic, September 25, 1883.)

Wakeman, William J., 1st Lieutenant and Assistant Surgeon; Relieved from temporary duty at Fort D. A. Russel, Wyoming. (Par. 5. S. O, 103, Department of the Platte, September 22, 1883).

BOOKS AND PAMPHLETS RECEIVED.

Iodoform in Surgery. By Dr. H. Tuholske, Prof. of Clinical Surgery in Missouri Medical College. Reprint from St. Louis Courier of Medicine, Aug. 8.

Medical Student's Guide to the City of New York. Published J. H. Vail & Co., New York.

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 21. CHICAGO AND ST. LOUIS, NOVEMBER 24, 1883. TERMS: $3.00 A YEAR.

DR. DUBOUE, OF PAU, IN AN ESSAY recently published (Cincinnati Lancet and Clinic), points out that the prominent symptom in enteric fever is enfeeblement of the muscular tissues. This enfeeblement is present in greater or less degree from the very commencement of the fever, and increases with the progress of the disease. It affects the muscles of the limbs, giving rise to lassitude, which is so marked a feature in this fever. It affects also the muscular fibres of the cardio-vascular system, and in this fact lies its great importance. The heart becomes enfeebled, and the blood-current becomes retarded; and hence arises congestion of the various vital organs with its various more or less serious consequences—imperfect oxygenation of the blood, defective nutritive power, and the like. This being so, the main indication in the treatment of enteric fever consists, according to the author, in combating the muscular enfeeblement and consequent retardation of the blood-current. The other important indication, viz., the prevention of nutritive disorders, can only be attained by giving attention primarily to the cardio-vascular debility. For the fulfilment of this primary indication various therapeutic agents are useful, viz.: the external or internal application of cold water, quinine, creasote, carbolic acid, the preparations of salicylic acid, ergot, etc., all of which act either directly or indirectly as excito-motors. While all of these agents enumerated are valuable for the end in view, the most valuable of all is ergot. Dr. Duboué has given this drug an extended trial, and the results he has attained have satisfied him of its extreme value. He has administered it with the happiest results in cases of enteric fever of the greatest gravity—in some even where the patient seemed in extremis. He believes even that this remedy may cut short the fever in its prodromal stage. Dr. Duboué insists on the necessity of the ergot being of good quality. If the drug be bad, as it too often is, it may give rise to sickness and other untoward symptoms; but if it be good no such symptoms occur, and the author has found that patients suffering from enteric fever as a rule show a remarkable tolerance of the pure drug. The mean dose used has been from one gramme and fifty centigrammes to three grammes (about twenty-three grains to forty-six grains) daily for an adult, and from forty centigrammes to one gramme (about six grains to fifteen and a half grains) for children between six and twelve. The dose must, however, be varied according to the circumstances of each case. The administration of the drug should, according to the advice of the author, be continued until convalescence has been well established.

WE SEE THAT Drs. Sydney Ringer and William Murrell have been making some investigations (Lancet) as to the toxic effect of nitrite of sodium when given in large doses. The drug has been recently recommended very highly by Dr. Hay in the treatment of angina pectoris, but it was found to be largely mixed with the nitrate of sodium, a much less active remedy. The observations of Ringer and Murrell were made with the pure nitrite in ten, five, and three grain doses, giving to eighteen patients ten grains, to sixteen five grains, and to thirteen three grains. With the ten and five grain doses there was giddiness, faintness, throbbing pain in the head, palpitation of the heart, with great nausea, rarely vomiting. Of the thirteen who took three

grains only four made any complaint, but these were affected as those who had taken the larger doses. The drug should therefore be administered cautiously, beginning with small doses, and increased if necessary as the patient may be able to stand it.

In a Recently Published Monograph upon calculi in the male urethra, Dr. Maximilian Zeissl relates several hitherto unreported cases of this affection. (Med. Rec.) Most frequently the calculi have a renal origin, but sometimes are formed in the urethra itself from particles of mucus which become lodged behind a stricture, in the bulbous portionof the urethra,in the fossa navicularis,or in some diverticulum. They may also be formed from some pieces left behind after an operation for stone in the bladder. The lumen of the urethra is narrowed and sometimes completely closed by the continued growth of a calculus. In other cases stones are formed about foreign bodies introduced from without. Frequently the stones are seen to be channelled out on one of their sides, so as to afford a passage for the urine. The diagnosis of urethral calculi may present great difficulties when they lie in a diverticulum, and also at times when they occupy the prostatic portion. When the urethra is large, it is sometimes possible to push an impacted stone back into the bladder, and then to extract it through a large-eyed catheter, If this procedure fails, the calculus is to be removed by an instrument adapted to the purpose, or by direct incision through the wall of the urethra.

Attention has been quite Frequently called to the value of auto-transfusion in cases of severe hemorrhage. (Med. Record.) In the Wiener Med. Blätter, of February 23d, Prof. Braun relates a case of inversion of the uterus in parturition with severe and almost fatal hemorrhage, in which this method was resorted to. Elastic bandages were wrapped around the legs, with an immediate dissipation of the alarming symptoms. The hips were raised, ether injected, and stimulants administered. The bandages were kept on for nineteen hours. This method is especially applicable to post-partum hemorrhage from any cause, and is easily and quickly applied, much more so than transfusion. Doubtless, so prolonged an application might have its dangers in a few instances, but the advantages would far more than counterbalance the dangers. It may be remarked that the inversion was caused by pulling on the cord of an adherent placenta, a far too frequent error, we fear, in view of the dangerous results which have in many instances followed it.

A New Instrument Called the "lithophone" has been brought before the profession by Mr. James McKenzie Davidson. It consists of an ordinary short beaked sound, with a hollow cylindrical handle two and a quarter inches long, and a diameter of half an inch. To this a piece of india rubber tubing three-sixteenths to one-eighth of an inch in diameter is attached, having an ivory or bone ear piece fitted to the free end. It is claimed that with this instrument a stone which cannot be discovered by the touch alone may certainly be detected. A piece of rubber tubing thirty inches long and of the same caliber as the other, with an ear piece at one end, and with the other doubled on itself and held tightly against the flat handle of the ordinary sound, also serves a good purpose.

The Phrenic Nerve has Heretofore been considered essentially motor, but Prof. I. Schreiber, of Koenigsberg, has recently demonstrated that it carries sensitive fibres also. (Deutsche Med. Zeit.) He investigated the effect irritation of the phrenic nerve had on the blood-pressure. It is well known that irritation of the sensory nerve increases blood pressure by reflex action. In strongly narcotized dogs and rabbits, he found that slight electric irritation of the phrenic immediately raised the blood-pressure from 5 to 22-42 M. m. Hg. When the origins of the nerves were cut and the nerve irritated, the strongest electrical current failed to produce any result, showing that the phrenic nerve is capable of centripetal conduction, and is not purely motor.

Chiari Reports a Case of rupture of an aneurism into the gall-bladder in a man, æt. 33 years, who, for a long time before his death, had suffered from attacks of cardiac pain. (Med. News.) He died during a sudden and profuse intestinal hemorrhage. At the autopsy there was found in the transverse portion of the duodenum, in the upper surface, a round opening, two-fifths of an inch in diameter. This led into the gall-bladder, and further examination showed the ruptured sac of an aneurism of the cystic artery, which had burst into the gall-bladder. Besides this, there was also found, in the lower half of the gall-bladder, a second aneurism, involving the inferior cystic artery, and filled with thrombi. The stomach, intestines, and œsophagus were filled with coagulated and semifluid blood. This makes the fifth case on record in which the gall-bladder has been involved by an aneurism of the cystic artery.

The Wiener Med. Blatter for August 16th contains the mention of a new drug, the phosphate of codein (Med. Record), which has been prepared by Merck, of Darmstadt, under the direction of Prof. Hegar, of Freiburg. It is intended for hypodermic injection, for which neither the sulphate nor the chlorate are suitable, being nearly insoluble in water. The new salt is soluble in four parts of water, and contains seventy per cent of codein. It crystallizes in four-sided columns, and is similar to morphia in action, with the advantage of having less tendency to excite toxic symptoms. It is particularly suitable for sensitive patients.

An Acute Case of Morphia Poisoning is reported in the Deutsche Med. Zeit. A druggist's apprentice took one grain of morph. mur. with suicidal purpose; one-half hour afterwards he was given tannin. Vomiting occurred. An hour and a half after swallowing the drug he lost consciousness, though all means were employed to keep him awake, and within two hours three doses of atropin were administered subcutaneously, together $\frac{1}{15}$th of a grain, and only after the last dose did the pupils dilate, but caused no reaction otherwise. Breathing became irregular and intermittent. The tongue constantly fell back and had to be pulled out by forceps. A solution of camphor with ether was now injected hypodermically with but slight amelioration of the pulse. Then cold water and friction were used, but unsuccessfully. After four hours artificial respiration was induced by faradization of the phrenic nerves, and kept up with slight intermissions for six and a half hours. After this slight voluntary movements and symptoms of consciousness returned. A few hours later sensorium, consciousness, and respiration were normal.

Rather more than a Year ago, Mr. Herbert Collier published a table of twenty-nine cases of removal of the spleen, showing eight recoveries, but an invariably fatal result when the splenic disease was associated with leucocythemia (Lancet). From this fact, Mr. Collier drew the inference that the operation was not justifiable in cases of leucocythemia. In some quarters exception was taken to this view, and it was pointed out that the operation had been employed when the disease was too far in advance, and that it was wrong to infer that the same mortality would attend it if performed at a quite early period and before the general blood changes were far advanced. A case has occurred in the practice of Franzolini, of Turin, which appears to support this view. His patient was a young woman, twenty-two years of age, whose illness commenced with pain and distress in the left of the abdomen two years before she came under his care; after eighteen months a large splenic tumor was noted; and some months later an increase of leucocytes in the blood, which at the time of the operation were five times in excess of the normal. The spleen was removed through an incision of the linea alba, its artery and vein were ligatured separately; it weighed after removal and when emptied of blood fifty-two ounces. The leucocythemia gradually subsided, and had disappeared altogether in four months. The case is certainly encouraging.

Dr. A. Blum has recently written an article upon the whole subject of excision of the spleen in the Archives Générales de Médecine. His conclusions, based upon a study of the recorded cases, are, that while the operation of splenectomy is practicable and is compatible with complete recovery, it is so often fatal from hemorrhage or shock that it is but rarely indicated. He considers that it is not justifiable in cases of splenic cysts, because they can be cured by other and milder measures; or in cases of hypertrophy, whatever its cause; or in cancer of the organ, on account of the very high mortality. But he points out that in cases of movable spleen with marked and severe symptoms, the operation is comparatively easy and successful; while in cases of hernia of the spleen following an injury the removal of the herniated portion is so successful that the surgeon is fully warranted in undertaking it.

A Good Housekeeper Instinctively protects her household as securely as possible from the flies, and efforts will certainly not be diminished when she learns the observations of Dr. Grassi. In the British Med. Journal he is said to have made an important, and by no means pleasant discovery in regard to flies. It was always recognized that these insects might carry the germs of infection on their wings or feet, but it was not known that they are capable of taking in at the mouth such objects as the ova of various worms, and of discharging them again unchanged in their fæces. This point has now been established, and several striking experiments illustrate it. Dr. Grassi exposed in his laboratory a plate containing a great number of the eggs of a human parasite, the tricocephalus dispar. Some sheets of white paper were placed in the kitchen, which stands about ten metres from the laboratory. After some hours, the usual little spots produced by the fæces of flies were found on the paper. These spots when examined by the microscope were found to contain some of the eggs of the tricocephalus. Some of the flies themselves were then caught, and their intestines presented large numbers of the ova. Similar experiments with the ova of the oxyuris vermicularis and of the tænia solium afforded corresponding results. Shortly after the flies had some mouldy cream, the oiidium lactis was found in their fæces. Dr. Grassi mentions an innocuous and yet conclusive experiment that every one can try. Sprinkle a little lycopodium on sweetened water, and afterward examine the fæces and intestines of the flies; numerous spores will be found. As flies are by no means particular in choosing either a place to feed or a place to defecate, often selecting meat or food for the purpose, a somewhat alarming vision of possible consequences is raised. Dr. Grassi invites the attention of naturalists to the subject, and hopes that some effectual means of destroying flies may be discovered.

In The Med. Record of Oct. 27 and Nov. 10, Dr. S. S. Wallian has given a brief history of oxygen, nitrous oxide and hydrogen peroxide from a therapeutical aspect. To this history is appended a number of cases, from which the doctor advances his claims for the remedial advantage of the agents mentioned, especially the two first associated with certain proportions of atmosphere. Although we have had no personal experience with this mode of medication, we have received the assurance of phthisical patients that the advantage they have received from the inhalation of what is indefinitely called compound oxygen is greater than they have obtained from any other source, and whilst in the act of reading the doctor's second article, a gentleman introduced himself in order to receive instruction "how to make compound oxygen." The patient for whom the device was desired proved to be unquestionably phthisical, exhibiting also the bacilli of Koch, and having had some understanding with the person who had hitherto supplied her with the gas, she had provided a gasometer in her bedroom, capable of holding at least eighty gallons. From the information obtained it became evident that the gas that had been administered was nitrous oxide, and from the way in which it

was administered it was also evident that a large amount of atmosphere was inhaled with it. In her case the gas was inhaled through a simple tube from a gasometer, the patient breathing at the same time through the nose. It need not be said that due precaution was taken for the necessary washing. In the establishment in this city, Chicago, where this was administered there was, as Dr. Wallian states, an admixture of carbonate of iron employed as a blind to mislead those who wished to investigate. The sincerity of the patient's convictions of the advantages obtained is substantiated by the presence of the gasometer and the appliance for the manufacture of the gas in her bed room. Dr. W., however, does not consider the therapeutical field of mixtures of oxygen, nitrous oxide and atmospheric air to be limited to phthisical cases. Although, a circumstance which we regret, the doctor does not give definite particulars as to just how the admixtures of these gases are regulated or what appliance is used to inhale them, he says the various methods of exhibiting it are as follows: 1. Direct inhalation will probably always stand at the head of all methods. 2. Cutaneous absorption has been resorted to in Europe, and may be found advantageous in certain cases. 3. Oxygenated water is a feasible and pleasant medium for stomachal administration. It is prepared by saturating steam with the gas, at high pressure, and afterward condensing the steam. 4. Oxygenated bread has been used to some extent in England, and there is no reason why the "aërated bread" of our cities should not be easily transformed into oxygenated bread at will. Of this bread Dr. Birch says: "Its relative effect on the appetite is singular. Thus on the one hand (as might be expected) it stimulates the appetite when absent or capricious, while, on the other hand, it tends to produce such a feeling of epigastric fullness, when sufficient food has been taken, as to effectually suspend (if not satisfy) some morbidly craving appetites. "In some cases it will be found advantageously to supersede artificial pepsin, pancreatin, and even quinine and the mineral acids. . . . It is particularly indicated in cases of delicate children with continually recurring ascarides, functional derangement of the stomach and bowels, and mesenteric weakness." The proportion he uses varies, sometimes one vol. of oxygen to two vols. each of nitrous oxide and atmospheric air; sometimes one vol. oxygen and four vols. of nitrous oxide, of which the patient inhales five gallons; whether this is mixed with air or not we are not told, nor are we told how long a time it takes to inhale the five gallons. This seems to be a fruitful field of investigation, but more accuracy is needed in the methods of observation.

Mr. Godlee reports the case of a man in whom both arms were amputated by a locomotive. (Med. and Surg. Reporter). The interesting points in this case are—first, the small amount of shock and the rapid recovery, considering the severity of the injury; secondly, the difficulty of understanding how it was possible for the man to suffer amputation of both arms above the middle without at the same time sustaining any injury to the head; and, thirdly, the fact that, although the stumps remained typically aseptic, he suffered from a well-marked attack of what is known as surgical scarlet fever. After the stumps were healed, he was provided with two artificial arms, with both of which, when last seen, he could execute a considerable variety of movements.

Dr. Milner Fothergill recommends the use of stewed fruits in many instances of gout and dyspepsia. (Med. Record). Sugar is undoubtedly objectionable to many, but it is by no means necessary to add sugar to stewed fruit. If the acidity be neutralized by an alkali, little or no sugar is required. Thrifty housewives have long been familiar with the fact that the addition of a small quantity of bicarbonate of soda to stewed fruit reduces the acidity, so as to save the necessity for much sugar. If about as much bicarbonate of potash as will lie on a shilling (English) be added to each pound of fruit, it will be found

sufficient to neutralize the acidity, and to bring out the natural sweetness. Milk puddings and stewed fruits are excellent for the dyspeptic, the bilious, and the gouty.

We Have been shown a Letter, addressed to a young gentleman now studying medicine in one of our colleges, of which the following is a copy: "My dear sir: A friend writes me that you purpose attending medical lectures. I write to present the claims of ———, the medical center of the South and West, the healthiest large city in America—beyond the reach of yellow fever, etc. Good board, costing elsewhere twenty to twenty-five dollars, can be had here from twelve to fifteen dollars per month. Owing to our ——— railroad fare is only one-half rate. No school has better facilities for medical teaching than the ——— Medical College. As I am allowed a certain number of beneficiaries from your state, I will take you as one and charge you only $50 instead of $80. With this reduction, cheapness of board, and reduced railroad fare, you can attend one of the best schools for even less money than an inferior one. Let me hear from you. Send names of other students and oblige, yours truly, ———."

If this was the only letter of its kind sent out by the writer we could have nothing to say, as there might be some peculiar circumstances in the case which would at least bar criticism, but judging from its appearance it is one of a large number which have doutless been circulated throughout the South and West. The author, who is one of the demonstrators, wrote either with or without the knowledge and consent of the faculty; if without, the faculty owe it to the college and themselves to at once sever his connection with the institution; if he wrote with their knowledge and consent, then the college is not the first-class institution it is claimed to be, and it should not be recognized by any State Board of Health. For the student who is likely to be caught by such an artful dodge as this, is one, generally speaking, not endowed with an overstock of common sense, and whose preliminary education for the study of medicine is not up to the requirements. Just here we see by the last N. Y. Medical Journal (Nov. 17, 1883), that one of these letters was sent to a gentleman in West Virginia, and that a medical student there sent a letter, which was purposely written with bad spelling and bad grammer, to the writter of the foregoing letter, inquiring whether he would be received on as favorable terms as others, etc.; to which the answer promptly came that he would be received, and that if he entered this fall he could graduate in February, 1885. Gentlemen of the State Board of Health! this should be inquired into.

In Reply to inquiries as to the milk inspection in Zurich, Alderman F. Schlatter states (Boston Med. and Surg. Jour.) that the work is intrusted to the care of a health commissioner and health inspectors or police. Analyses are made by two chemists, one for the city and another for the canton, acting independently of each other. Inspections are made at early morning, without regularity as to time and place. The instruments used by inspectors are a thermometer, a lactometer (Muller-Quevenne's), and a stand-glass. Milkmen are required to register and receive a license. They are to be treated uniformly, but not in regular order, a dozen or more tests to be made for each one. Inspections are not made in a crowded street, but samples are taken to a neighboring police station, shop, or bakery, and a small fee paid to the proprietor for its use. Punishments are provided for adulteration and for repetition of the act. Appeals to higher courts are also allowed. In a population of 76,000 (26,000 in the city and the remainder in its suburbs) 12,500 litres of milk were daily sold in 1882. Two thousand one hundred samples were inspected as to their appearance, taste, and specific gravity, of which number 226 were analyzed by the chemists. Thirty-seven were punished. In summing up the writer evidently believes that more efficient work might be done with more hearty coöperation on the part of the higher authorities, and suggests the publication of names as an additional measure. The local

regulations recognize two grades of milk, whole milk and skimmed milk (halbabgerahmte milch), the latter being defined in the statute as a mixture of equal parts of skimmed evening milk and whole morning milk. The whole milk must show a specific gravity before skimming of from 1029 to 1035, and after skimming not less than 1033. The chemical analysis must give at least twelve per cent of solids, including three per cent of fat. The mixed milk must show a specific gravity before skimming of 1030 to 1036, and after skimming not less than 1033. Its analysis must give at least eleven per cent of total solids, and 2.3 per cent of fat. The two sorts of milk must have distinguishing labels upon the milk-cans.

Variola and Vaccination is a subject of such moment to humanity, that any one who can lay claim to extended experience associated with well conducted observation will always be listened to with interest, notwithstanding a difference of opinion. The following are given by the Boston Med. and Surg. Jour., as the essential points of a series of papers by Dr. Leonhard Voigt: 1. Vaccine lymph may be procured by vaccination of the cow with lymph taken from the pustules of persons sick with small-pox. But no one can be sure that every attempt will be successful. 2. The vaccine obtained in such a manner is suitable for the vaccination of men on account of the energy of its operation, but it should only be used after transmission from animal to animal several times, by which proceeding its effect is mitigated. 3. In the first year of its use vaccine lymph obtained in this way possesses a higher efficiency than an animal stock several years old. (By this term, a stock several years old, we should understand lymph transmitted from animal to animal, at the time of the maturity of the vesicle, for several years. In accordance with the custom of animal vaccinators each year would represent a series of fifty-two to sixty-five animals, the period of maturity presenting slight variations.) 4. Vaccina and variola originate in the same virus, and each gives to the person attacked a certain claim of immunity against suffering arising from the same source. 5. The duration of this immunity is in proportion to the intensity of the attack. 6. Among people who have had the small-pox twelve years before, we find almost the same susceptibility to vaccination as among those who were vaccinated at the same time. Consequently children twelve years of age, and vaccinated during the first year, are liable again to take small-pox. 7. Therefore, the imperial vaccination law which orders the vaccination of infants and their re-vaccination at twelve years of age fulfills an actual necessity. 8. Animal lymph transmitted from calf to calf, and originally very active, loses its power earlier than humanized vaccine transmitted from arm to arm. Humanized lymph gives the best results in men and animals in the long run; therefore, the animal vaccine of old stock promises inferior results to retro-vaccination of the first remove. 9. Lymph carefully propagated, and originated from the cow-pox but a short time before, is the most efficent, not only in its animal but especially in its humanized form. Therefore, resort should frequently be made to the original cow-pox in order to obtain lymph as protective as possible.

Mr. Christopher Heath in British Medical Journal (Med. Record), endeavors to induce surgeons to have more faith in the early treatment of fractures by plaster-of-Paris than appears as yet at all general, and thus to save their patients and themselves an infinity of trouble. In his paper he quotes from the "Aphorisms" of the late Dr. Cowling, of Louisville, the following, which he regards as full of common sense: "Carved and manufactured splints generally fit nobody, and are to be rejected, as not only expensive, but damaging." "The application of the roller-bandage immediately to the skin, whether as a protective or to prevent muscular spasm, has resulted in such disaster that it is one of the curiosities of surgery how it could be repeated at this day. When cotton is placed over such a bandage, it forms an absurdity scarcely

credible in a man of ordinary sense." "Continued extension and counter-extension, are, as a rule, not necessary to prevent shortening in fractures. This is best done by removing the causes which lead to muscular spasm: 1st, by early and as complete reposition of the fragments as possible; 2d, by the smooth application of cotton-batting to the limb; 3d, by the equal pressure of a bandage extending from the distal end of the limb to a point beyond the joint above the fracture; 4th, by the accurate fitting of the splints or plastic material for support; 5th, by as little interference afterward as possible."

It Would Seem as Though the story credited to Dr. Squibbs about the thermometer was a good joke to any one unacquainted with the negligence of some of our busy physicians, who for various reasons command the practice of the upper ten. The story is as follows: A visiting committee to a hospital comes to the second bed from the door of a ward. "Well, my man, how are you getting on? Can we do anything to make you more comfortable?" The patient expresses a wish to exchange beds with the one next to the entrance door of the ward. On being pressed for his reason, he says: "The doctors always come in at that door, and they put the same thermometer in my mouth that has just been taken from the other man's stern." We have ourselves seen the same thing done with the finger, with no more precaution than the wiping of the finger with a towel such as is furnished in free dispensaries, and that, too, apparently for no other reason than merely to elicit a little cheap applause from some green students. To be explicit, the finger was employed for a rectal examination, and the next patient coming in with some complaint of the throat, the finger wiped off on the towel was used as an exploring instrument without having recourse to any reflected light for inspection and diagnosis. We have further seen this same professor in consultation, although the temperature was given him, with the pretext that his was a Zale corrected thermometer, take his theremometer from his case, put it into the mouth of a patient almost moribund, remove it, and put it back into his case without even the semblance of washing it. Glass is peculiarly acceptable for certain articles of surgical use, but it requires cleaning as well as anything else, and this is especially the case with thermometers, not only on account of the indentations on its surface necessary for its graduation, but from the fact that it is impossible to use hot water in washing it. We do not think that in hospitals, and in private practice too for that matter, if for nothing else than to avoid an unnecessary disagreeable sensation to the patient, it is common decency only to keep one thermometer for special use for the rectum and vagina. Dr. Squibb tells us that an average clinical thermometer needs eight minutes to indicate the maxium temperature—just double the time that we have hitherto regarded as necessary for practical purposes.

A Case of Laceration of the perinæum in a young child was reported by Dr. Mann (Obstetric Gazette), at the meeting of the American Gynæcological Society. The operation for its relief was performed immediately, without difficulty, and the result was perfect.

In the Section for Pathological Anatomy, of the Society of German Naturalists and Physicians, Professor Bollinger reported the results of his experiments in the inoculation of tuberculosis. He found that milk from tuberculous cows, if injected into guinea-pigs, invariably caused tuberculosis. Bollinger declared himself unconditionally in favor of Koch's views of the specific origin of phthisis. Bollinger was warmly opposed by Recklinghausen, who took the occasion, when Friedlander exhibited specimens of the micrococci of pneumonia, to show the dangers of accepting too easily beliefs in the pathogenic powers of micro-organisms. He instanced the numerous forms of bacilli and bacteria which can be found in the dead body after various diseases. He did not think that Bollinger's experiments were conclusive. Prof. Weigert, of Leipzig, stated that various inoc-

ulated substances will cause a pseudo-tubercle, but that only the tubercular virus itself will cause true tuberculosis.

We once heard of a Section of country in Ireland where the total abstainers had been unusually successful for Ireland, but the cessation of the use of alcohol was followed by a rage for intoxication with ether. Now the Gazette des Hôpitaux relates a remarkable case in a lad of ten years. The patient, when first seen by Dr. Sédan, was but ten years of age. He was bright and intelligent, studied hard, and was one of the best scholars in his school. He confessed that he drank ether, and said that it was by means of this that he was able to stand at the head of his class. Every means was tried to cure him of the habit, but in vain. He would steal money from his parents, and then go out at night to buy ether in the pharmacies. This was continued for nine years, the daily amounts of ether consumed rising gradually until he drank between one and two pints every day. He never experienced any ill effects beyond the intoxication, and death resulted finally from mitral disease, from which he had suffered for many years.

On Chloral Poisoning the Phil. Med. says: What are the remedies to be employed in acute chloral poisoning? They are especially those designed (1) to sustain the action of the heart, such as ammonia and brandy; (2) to keep up the breathing by artificial respiration, if needed; (3) to keep the patient warm; and (4) to use electricity as a cutaneous stimulant. Thus far you would treat a case as an ordinary one of narcotic poisoning. But is there any remedy that will counteract the depressing effects of the chloral upon the nervous centers, and particularly the respiratory center? Yes; the remedy for this purpose is strychnia, which antagonizes the chloral. It may be used as we gave it here, hypodermically, one-sixtieth of a grain every three hours at first; and it would have been given oftener, but it was not needed. Strychnia therefore is indicated as the physiological antidote. It stimulates the centers which have been depressed by the chloral. When recovery takes place, it is usually rapid. What should be the treatment of chronic chloral cases? Suppose that a patient like this says that the habit is growing upon him, and comes to you for advice, what course would you pursue? I would answer that you must reduce the dose gradually. As large doses of chloral are only given exceptionally, there will be less difficulty on this score than with opium; but as you reduce it I would strongly advise you to give strychnia or nux vomica for its effects on the nervous system. It antagonizes the effects of the chloral, and acts as a tonic at the same time. Those nervous centers which are reduced in their activity by the paralyzing effects of the chloral are stimulated by strychnia. If you use strychnia, you may stop the chloral almost at once without any bad effects being observed. I had a case in point last summer. A gentleman who had been taking chloral for some time found himself very weak, his will-power impaired, and he felt miserable. He determined to stop off entirely. He went to Atlantic City without a single grain of chloral. He took constant out-door exercise. He was sleepless for a time, but he was able to overcome his evil habit; and, although he had been using chloral regularly for eighteen months, he recovered entirely. It should be stated, however, that while giving up the chloral he took from time to time strychnia or nux vomica.

Giving his Experience on Baths in cases of Bright's disease, Dr. J. Kidd (Practitioner) says: After twenty-five years' experience of the use of all kinds of baths in the treatment of kidney disease, I have found lamp baths excel all others in real efficacy. The spirit-lamp bath without water has a better effect than the vapor of water boiling over the spirit-lamp, which most patients complain of as being more relaxing and exhausting than the spirit-lamp alone. Used at bedtime for fifteen or twenty minutes, three or four times a week, the effect is all we can desire. The gentle moisture kept up in bed all night after the

bath does much more good than the Turkish bath, the good effect of which is neutralized by exposure to the cold air afterward. When the patient lives in the establishment, so as to go straight to bed after the Turkish bath, its use is invaluable. Under such conditions it may be taken even twice a day with advantage.

At the Last Meeting of the St. Louis Medical Society, a special committee to which was referred the propositions of the different medical journals in regard to the publication of the Society's proceedings, reported unanimously in favor of granting to the Review the exclusive privilege of publishing the same. This privilege has been enjoyed for some years past solely by another journal which has been the official organ of the Society. The report of the committee, while very gratifying to the Review, as indicating the favorable opinion in which the journal is held, was not in accordance with the original request which we made, which was to be "allowed the privilege of publishing some of the papers read before the Society," so that when an amendment to the report was proposed, and finally adopted, according equal privileges to both journals we were well pleased, as it was granting all we had asked. Our subscribers will reap the benefit of this action, for by it we not only have access to the proceedings of the Society, but we shall be able to lay before them the papers which from time to time are read at the meetings, many of which are interesting and valuable, and the profession will now receive the reports every week instead of after several months as heretofore.

In a Paper by Fuerst in the Archiv für Gynäkologie, Bd. xx. Hft. 3, the author describes the following as the conditions which predispose to the occurrence of inversion of the uterus in the puerperal state (Medical News.): 1. Feebleness of uterine action as a result of prolonged labor, cases in which delivery is often completed by the forceps. Out of one hundred and forty-eight cases collected by Lee, in twenty the labor was exceptionally slow, and in twenty-five very quick. 2. Attachment of the placenta to the fundus uteri. Considering the large part which want of tone in the uterine muscular fibre plays in producing, or rather in permitting, inversion of the organ, and having regard to the exceptional presence of this atony in primiparæ, Dr. Fuerst is of opinion that the accident occurs more frequently in first labors than would be expected—a fact which he attributes to the greater frequency of fundal implantation of the placenta in these cases, as shown by the comparative rarity of placenta prævia in primiparæ. 3. Comparative rigidity of the vagina, opposing descent of the uterus in response to downward pressure on it, and thus favoring the production of inversion by a force acting on the fundus, this being a condition also met with chiefly in primiparæ. According to Schatz, the opposite state, laxity of the vagina, is one of the conditions which bring about inversion. 4. Narrowness of the vulva, preventing the easy exit of blood, so leading to distention of the uterus, in the sudden emptying of which inversion is likely to occur. Adhesion of the placenta is known to be frequently associated with inversion. Thus, out of Lee's one hundred and forty-eight cases, in sixty-seven the placenta was attached to the inverted organ.

The Following are the Conclusions of Dr. W. B. and Mr. W. H. Kesteven as to the present position of the pathological history of bacteria, bacillus and micrococci (Lancet): 1. That specific differences of bacteria or bacilli as belonging to different diseases have not been conclusively demonstrated. 2. That these organisms have not been found except in association, either directly or indirectly, with pre-existing disease of a degenerative nature, and that therefore they have not been proved to be primary agents of infective disease. 3. That the probability of the origination of phthisis from germs in the atmosphere is contradicted by the immunity of large numbers of persons specially exposed to their agency. 4. It is probable that these germs, reaching internal organs, may be the means of a salutary elimination of morbid matter.

CONTRIBUTIONS.

A CASE OF RABIES.

BY J. G. EBERLE, M.D., FORT SMITH, ARK.

[Read before the State Medical Society of Arkansas, at the Eighth Annual Session, held at Little Rock, May 30 and 31, 1883.]

Rabies, in the human subject, is an affection which, fortunately, we do not often meet, hence it may not be uninteresting to lay before you, this evening, the notes of a case that recently came under my observation.

Wm. H. I., a young man 26 years of age, living in the vicinity of Hackett City, was bitten in the hand by a rabid dog on the evening of Jan. 11th, 1883. Two of the dog's teeth entered the hand, one passing through his glove into the muscles of the thumb on the back of the hand, while the other passed through the fork of the glove, directly into the palmar muscles of the thumb, deeply wounding them. The dog then passed on, biting several dogs in the neighborhood and one hog, the dogs, including the rabid dog, were killed, and the hog died in convulsions in a few weeks.

Upon the day after Mr. I. was bitten, he went to try the virtues of a "mad stone" in his neighborhood, which was applied to his hand; but not acting as he thought it should, he, on the following day, tried another of considerable repute in a distant part of the county; this one on being applied behaved in the most orthodox manner, sticking to the wound, as was stated, nine times, extending through a period of thirty-six hours with short intervals of cessation. The application of the "mad stones" had the effect, to a certain extent, of allaying the victim's fears and restoring his peace of mind, the sole good which they could accomplish and my only reason for mentioning them. At the end of ten days the wound had healed, and, as time passed, recollection of the dog bite gradually faded from his mind. Eight weeks after receiving the bite Mr. I. experienced a tingling sensation in the fingers, and arm of the same side, which continued a few days and was followed by a sense of soreness of the muscles. For this he consulted several practitioners in his vicinity, who diagnosed some rheumatic trouble brewing, and he returned home. The soreness and tingling sensation continued, and on Sunday, March 18th, a general malaise was noticed; he who was usually kind and gentle in disposition, and affectionate towards his younger brothers and sisters, was now cross and irritable, and disposed to scold the children for trifles which before had passed unnoticed. In a day or two fever came on, which soon passed away but to return again. On Thursday, March 22d, exactly ten weeks from the day he was bitten, he had fever the entire day, and in the evening, feeling thirsty, he requested his brother to hand him a glass of water, which, in attempting to drink, brought on spasm of the muscles of deglutition; his father entering the room soon after, he again attempted to drink water, when the spasm recurred. A messenger was now dispatched for medical aid, and, in the meantime, his father began treating him with large doses of elecampane dissolved in sweet milk, a newspaper antidote for hydrophobia, which the patient swallowed with difficulty. Only two or three times during the night did he sleep, and then to be rudely awakened after a few minutes slumber by the laryngeal spasm. I saw him for the first time on Friday, the 23d, at 11:30 A.M. The cool air from the door as I entered the room brought on a severe spasm of the larynx which lasted several minutes. He was exceedingly nervous and restless and bathed in profuse perspiration; his pupils were widely dilated, which gave the eyes a peculiarly bright and glaring appearance. His pulse was of good volume, with 102 beats per minute. On turning down the bed clothes to place my thermometer in the axilla, another spasm was produced. His temperature was 99 degrees. I administered twenty grains of potassium bromide dissolved in water, which he swallowed with severe struggles. At 12:30 P.M. I again gave him twenty grains of potassium bromide, with the same difficulty of swallowing as before. At 3:30 P.M. his pulse was 112; temperature, 100¼°. Gave twenty grains chloral hydrate in solution; another severe spasm of the larynx was produced, and the patient begged me not to make him swallow any more fluids. He complained occasionally of thirst, and, although the weather was cool, making a fire desirable to others, he insisted on having the room kept cool, as he was burning with heat. At 8 P.M. I gave him ten grains chloral hydrate, hypodermically; shortly after this he called for some food (baked Irish potatoes, cold), which he relished and swallowed with ease. He said the cold potato quenched his thirst and he felt better; he sat up by the small fire which was necessarily kept for the comfort of his attendants, and entered into conversation with me, giving me an interesting history of his past life, his travels in the west, etc. He spoke of the future, and when, in reply to a question, I told him I considered his chances for recovery but slight, he said he was reconciled to meet the dread summons if such must be. He soon complained of thirst again, and desiring to test whether the imagination played any part in producing the spasm of the throat, I requested him to take the water and, if possible, by a strong mental effort to overcome the spasm and drink it. He took the cup, first requesting that it be covered in order that he might not see the water, and resolutely raised it to his mouth, but the moment the water touched his lips a severe laryngeal spasm was pro-

duced. He made another determined effort, but putting out his tongue and touching the water, another severe spasm came on, and that plan was abandoned. He again returned to bed, continuing to converse intelligently with his relatives and friends. He could not sleep, and when not in conversation would toss restlessly from side to side of his bed. The restlessness and thirst increased until midnight, when I administered twenty grains each of chloral hydrate and potassium bromide in one-half pint of water per enema. After this, he became more quiet and passed the remainder of the night talking to his friends, exhorting them to lead better lives, etc., the laryngeal spasm recurring now and then, but did not sleep. At 6 A.M., March 24th, his thirst had grown almost intolerable. Being nearly twenty miles from the city and without other instruments than were contained in my pocket case, I concluded that I could improvise a means of giving him a drink of water and quenching his burning thirst; so I sent to a country drug store, a few miles distant, and got a Davidson's syringe and the largest size (No. 0), elastic catheter; after enlarging the fenestra in the catheter I passed it down into the œsophagus of the patient, then introducing the nozzle of the syringe into the other end of the catheter, I pumped nearly a pint of water, in which I had dissolved twenty grains each of chloral hydrate and potassium bromide, into his stomach. The introduction of the tube caused another spasm of the larynx, but the thirst was relieved, for which my patient expressed great gratitude. At 7 o'clock he again partook of the same kind of food which he had eaten the evening previous, swallowing the solids without difficulty. At 8 o'clock he was extremely restless and uneasy, and the spasms more frequent, being brought on by any sudden noise, the entrance of any one into the room, etc. Administered one-quarter grain morphia, hypodermically. At 11 A.M. water, containing same prescriptiton as before, was again given through the tube. At 12 o'clock he took one-quarter grain morphia, dry on his tongue. At 2 P.M., in attempting to repeat the injection of water and medicine, the syringe leaked into his face, which brought on a severe laryngeal spasm; the sight of water, which before he had only dreaded, now also had the effect of bringing on the spasm. At 3 P.M. he had the first general spasm. It came on suddenly while he was sitting before the fire, being very severe, accompanied with frothing from the mouth and vomiting of bile and blood, and lasting, as his nurse stated, fully an hour.

Dr. J. T. Booth, of Enterprise, remained with him during the night and administered several doses of chloral hydrate. The general convulsions continued to recur every hour or two, although he retained consciousness, with occasional intervals of delirium. He several times noticed that his relatives and friends who were caring for him drew back in evident fear of being bitten when he made a sudden or unexpected movement, and remarked to them that he would not hurt them, that he knew what he was doing, but could not control the convulsive movements that seized him.

At 6 A.M., March 25th, the barking of a dog in the yard threw him into a severe convulsion, after which he lost consciousness, remaining in this condition until 11:10 A.M. when he breathed his last. Death occurred, as you will observe, on the fourth day from asthenia, a general failure of the vital forces, from the continued vigilance, the laryngeal spasms, general convulsions, innutrition, etc. All of the prominent symptoms of rabies, as given by medical authors, were present in this case; the period of incubation, ten weeks, morbid sensations in the wounded hand and arm, the stadium melancholicum, the hydrophobia or dread of water, the æriphobia or dread of currents of air, laryngeal spasm excited by an effort to swallow fluids, continued vigilance, delirium, convulsions, and death within five days. Two other symptoms were present that I failed to mention above, viz.: Violent sexual desire on the last night of the attack, accompanied by frequent seminal emissions. Secondly, an abundant flow of the salivary fluids, which led to almost constant sputation. In the history of this case, I have referred to the spasms produced from an effort to swallow fluids as laryngeal, in order to distinguish them from the general spasms or convulsions, and for the sake of convenience. I observed, however, that not only were the muscles of the larynx involved in the spasms, but those of the pharynx as well.

IS EXTIRPATION OF THE CANCEROUS UTERUS A JUSTIFIABLE OPERATION?

BY A. REEVES JACKSON, M.D.

[An Abstract of a paper read before the Chicago Medical Society and reported by our special Stenographer.]

The legitimate objects of medical and surgical art are the prevention, alleviation and cure of disease, and the consequent prolongation of life. If, as medical practitioners, we do not, in some degree, accomplish these purposes, our art is insufficient; or if, instead of preserving lives, we sacrifice them, we do harm rather than good—we become destroyers rather than saviours. Hence, the results obtained from any given means or method of treatment, become proper tests by which their value may be judged. The writer observed that during the past few years there has been a rapidly growing tendency to progressiveness in the surgical branches of our profession, and that in the paper presented he purposed to discuss a single question. In view of the facts known to us,

is it justifiable to extirpate the uterus for carcinomatous disease? The rational use of any therapeutic measure involves at least two theories; the first relating to the nature of the morbid process to be influenced, and the second, to the modus operandi of the proposed remedy. The two theories commonly accepted, upon which cancer was dependent, were stated to be, first, upon some specific taint of the system; that morbid atoms existed in the blood, were conveyed by that fluid, and appropriated by certain organs and tissues. Any remedy under such circumstances to be curative must enter the circulation and be carried to every part of the body. This theory, while still having some adherents, is being replaced by another, which considers the disease to be local originally, and the intoxication of the system a secondary result. Assuming the first theory to be correct, some remedy, which would favorably modify or remove the disease from the entire system, would be the rational treatment, while under the local origin theory, radical surgical procedures seem quite appropriate. Theoretically, operations for the removal of cancer, if properly performed, ought to be among the most successful and satisfactory; but temporary benefit only has been the result in almost all instances in which surgical operations have been performed for the removal of this disease. Instances of permanent cure or in which life was lengthened have been quite exceptional. The removal of the whole uterus is not a very novel operation, having been performed by Andreas, a Cruce, in 1560, and by Wrisburg, Monteggia, and Blundell since his time. Notwithstanding the unfortunate results attending the operation, when Henning successfully performed it in 1876, and reported no recurrence of the disease eight months after, surgeons seemed to be inspired with new hope. Down to the summer of 1879 there had been reported thirty-one cases. Of these, twenty-two died in from three hours to five days after operation, and nine recovered. Of these survivors not one lived longer than one year, five of them having died in three months. Sulovieff, of Moscow, reported a fatal case in January 1880, and gave a table comprising all the cases within his knowledge at that time. There were forty-seven, with thirty-five deaths and twelve recoveries, There have been sixty-five cases reported in which the operation was antiseptically performed, after Freund's method. Of these, fifty-one died soon after the operation. Of the fourteen that recovered, the disease speedily recurred in six cases. and of the remainder there is no telling how many were fatal. The latest table to which I have had access includes ninety-one cases, of which sixty-five died, twenty five recovered—mortality 72.5 per cent. Freund and others have thought that with improved methods the operation might be made less hazardous; but the very best results achieved by the abdominal method were those obtained by Freund in his first ten cases, with a mortality of 50 per cent. Of the next ten cases reported, only four recovered; of the third ten, one recovered; of the fourth ten, two recovered; and in the succeeding thirty, the operation was abandoned in three, twenty-six died, and there was only one recovery; showing a mortality of over 72 per cent. As the successful cases are much more likely to be reported than the unsuccessful ones, it is fair to presume that if all the cases had been recorded, the mortality would be even higher. I have knowledge of eight cases of extirpation of the uterus which have been done in Chicago, of which only two have been given to the profession.

In consequence of the frightful mortality following the abdominal method, the removal of the uterus by the vagina has been proposed and practiced by many operators, and thus far with much better results. The latest statistics concerning vaginal extirpations are furnished in a table compiled by Sänger. It includes one hundred and forty-three cases, of whom one hundred and three or sevty-two per cent recovered, and forty or twenty-eight per cent. died. This shows that we have no more reason to expect a reduction in the mortality of operations done by this method than in those done by the abdominal method. The operation by any method is essentially difficult, tedious and dangerous, and no amount of skill in the performance can make it easy or safe. Shroeder thinks the operation should be restricted to two classes of cases, cancer of the uterine body, and of the lining membrane extending beyond the cervical canal. But no degree of care can enable us to determine such delicate points of diagnosis as these distinctions imply. Diagnosis in the earliest stages of cancer is, I believe, in the present state of our science impossible. The state of the part preceding this change is not known. Mr. Jonathan Hutchinson has expressed the opinion, "that the more we investigate the more clearly will we see that all inflammations are really infective, and that inflammatory processes may pass by almost insensible gradations into those of malignancy." Hence, he urges the adoption of the theory of a pre-cancerous stage, when surgical interference is necessary and ought to be insisted on. Whether this pre-cancerous stage be merely one of inflammation or inflammation plus something else, which is probable, we know that when a part becomes truly cancerous local infection soon follows, so soon, indeed, that we can never be wholy sure of surrounding and removing the contaminated area. In many cases of carcinoma of the uterus there are no apparent symptoms indicating failure of health, local or general. A profuse hemorrhagic discharge ap-

pears perhaps, and is the first thing that attracts attention; and an examination reveals the presence of the disease far advanced.

Without history of preceding pain, leucorrhœa or menstrual disorder, there may be found such an amount of tissue involvement as to clearly indicate a hopeless extension of the disease from its point of origin. There is no feasible time, and there are no practical means for distinguishing between the healthy and diseased tissue, at a time when the knowledge can be of service. If scattered atoms of the disease be left, each one becomes a new focus, from which the disease may be expected to radiate and extend. Hence, unless the entire diseased tissues can be removed, we cannot expect immunity from return. Partial operations, and all must be considered partial that leave any disease behind, are therefore not only useless as far as permanent benefit is concerned, but may be positively injurious by stimulating the activity of the morbid process, after the certain recurrence. After the disease is removed in the form of epithelioma, it frequently recurs in a medullary form, running rapidly to a fatal termination.

Extirpation of the Cancerous Uterus does not lessen Suffering, and it shortens the aggregate of Life.

We have no accurate history as regards the duration of cancer. It has been estimated that cancer of the cervix requires about seventeen months to kill; of the body, thirty-one months. Does extirpation offer anything better than this? Do the results show that those who recovered from the operation have any advantage over those upon whom no operation is done—that they suffer less, or live longer? Are the twenty-eight per cent. of women who are left by the first method, and the seventy per cent. who are left by the second, gainers in any respect by the operation? The disease reappears in all of them, sooner or later, and the subsequent progress of the disease surely entails as much, perhaps more, wretchedness than though they had been left alone. They died on an average in four and a half months; what have they gained? It has been said that sufficient time has not elapsed, and that the number of cases is too small to enable us to determine the results of the operation in regard to recurrence of the disease. I cannot concede this. Nearly seven years have elapsed since the revival of the operation, and more than two hundred operations have been made, and, it is hardly reasonable to expect that the results in the future will differ materially from those already obtained. But, be this as it may, it is not at all probable that cancer of the womb affords any more ground for hopefulness in this respect than does the disease in other parts of the body; and so far, at least, but one case has been reported which survived the operation two and a half years. For purpose of comparison the writer referred to malignant tumor of the mammary gland, and stated that even here in the case of an external organ, with early recognition, early removal, and with the opportunity for going beyond the apparent limits of the disease, we cannot with rarest exceptions succeed in removing all of the affected structures. So true indeed is this that no surgeon of experience really expects success. Gross says, "If the patient survives an operation, local recurrence may be looked for." Bad as the results are which have been obtained in removal of malignant growth of the mammary gland, they are yet better than have been obtained in ablation of the uterus.

Other Methods of Treatment, less Dangerous than Extirpation of the Uterus are Equally or even more Useful.

A safe remedy if equally efficacious should always be preferred to one which is unsafe. Thomas has stated that, "It is a most pernicious doctrine to suppose because that a woman has cancer of the uterus some surgical procedure is necessary." While all cases need, and all are benefitted by judicious treatment, radical measures are indicated in only a minority of them. If minor procedures be deemed insufficient, supravaginal amputation of the cervix is capable of removing a very considerable proportion of the uterus, and although more dangerous than the minor methods to which I have alluded, seems a safe operation as compared with total excision. Schroeder has reported thirty-seven cases, of which number four died. In nineteen of the thirty-three who recovered, relapses occurred in thirteen, in an average time of four and a half months. In three others no recurrence had taken place in eight, nine and eighteen months respectively. No history is given of the eleven remaining. Notwithstanding the very unfavorable results of excision of the cancerous uterus, I do not think that the operation will be abandoned. Many surgeons look upon it with favor, and they will doubtless perform it when opportunity offers. To summarize, I have endeavored to show: 1. That diagnosis of uterine cancer cannot be made sufficiently early to ensure its complete removal by extirpation of the uterus. 2. When the diagnosis can be established, there is no reasonable hope for a radical cure; and other methods of treatment, far less dangerous than excision of the entire organ, are equally effectual in ameliorating suffering, retarding the progress of the disease, and prolonging life. 3. Extirpation of the cancerous uterus is a highly dangerous operation, and neither lessens suffering, except in those whom it kills, nor gives reasonable promise of permanent cure in those who recover. Hence, it fails in all the essen-

tials of a beneficial operative procedure, and should not be adopted in modern surgery.

TREATMENT OF TRICHIASIS BY ELECTROLYSIS.

BY DR. J. ELLIOTT COLBURN.

[An Abstract of a paper read before the Chicago Medical Society and reported by our special Stenographer.]

One of the common causes of diseased cornea is displaced or misdirected cilia. They may be irregular in growth, but one or two hairs sweeping the cornea, or the whole tarsal border may be covered by a dark and strong, or pale and stunted growth of lashes, causing great irritation of the cornea, loss of epithelial substance, followed by ulceration, inveterate pannus, or ulcers, causing prolapsus of the iris, anterior synechia, and atrophy of the globe. This abnormal growth of the cilia may be spontaneous, or caused by chronic inflammation of the conjunctiva of the margin of the lids, as in tinea tarsi, of traumatisms, as burns, wounds of the eye, etc. Trichiasis, or distichiasis, may be followed by or complicated with entropium in traucoma. The irregular growth of lashes will cause great irritation; the irritation producing excessive lachrymation and photophobia, or sensation of foreign body in the eye.

The diagnosis of distichiasis is easy, but in trichiasis the lashes may be so pale and minute as to escape detection. For this reason it is well in all superficial diseases of the cornea to examine the borders of the lids with a three-inch lens and a strong light. The treatment of trichiasis consists in the permanent removal of the displaced lashes, and the treatment of such complications as may occur. The methods of treatment described in our text-books are quite formidable, and not altogether satisfactory, as they result in more or less deformity of the lid and destruction of tissues. The method which we have used in more than fifty cases, twenty-two of which we have been able to observe through periods of from six months to three and a half years, is the use of electrolysis as applied in the removal of hirsuties of the face. The instruments necessary are, as described by Drs. Fox, Hays and others, first, a galvanic battery of six or more cells; second, a light needle holder armed with a suitable needle. This is a very important instrument. The one that I have found the most convenient is made by drawing the temper of a jeweler's broach No. 6, and repointing on an emery stone. The patient being placed in a strong light, the surgeon fixes the lid in a Desmare's or Knapp's clamps. The patient holds the handle of a positive electrode in the right hand, and places the moist sponge on the palm of the left, after the needle is introduced into the hair gland. The needle may be withdrawn after about ten seconds. The patient should remove the sponge from the left hand simultaneously with the withdrawal of the needle. The number of cells to be used should be decided by the surgeon's knowledge of the condition of his battery. I use from six to ten cells of a zinc carbon battery. Where the hairs are very fine and obscure, the use of three-inch lens will be found quite serviceable. After electrolysis, the ciliæ should be removed with epilation forceps. The only objection to the operation in my experience is that when there is a large number of cilia to be removed the pain becomes somewhat tedious, though with the clamp I find the pain is not so great. Only about fifteen per cent. of the cilia return. The irritation following the operation is slight. The lids will be swollen for a day or two. In one case from which I removed but two or three hairs, the operation was followed by the growth of fifteen or twenty minute ciliæ, which were promptly removed. I have noticed that chelazion and other cystic tumors of the lids would be very rapidly absorbed, when treated from fifteen to twenty seconds with the same needle. My record shows more than fifty cases, and in all, so far as I know, the results were good. In twenty-two cases which have been under observation for more than six months since the last operation there has been no return of the lashes. We have used this operation at the "State Eye and Ear Infirmary" and at the "Central Free Dispensary" in simple trichiasis, entropium, previously operated on, but with only partial success, leaving a few misdirected hairs sweeping the cornea; also in cases of entropium which are unfit for operation; in too dense growths of cilia, which sometimes occurs in scrofulous children interfering with sight.

The reading of this paper elicited no discussion.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Chicago, Nov. 6, 1883.

The Chicago Medical Society held a regular meeting on evening of above date in parlor 44, Grand Pacific Hotel, President Dr. W. Graham presiding. Dr. Daniel T. Nelson, of Chicago, and Dr. Frank L. Sherman, of Washington Heights, were recommended by the Board of Censors for membership, both of whom were unanimously elected by acclamation. Drs. Robert H. Babcock and W. D. Copeland were proposed for membership.

DR. A. REEVES JACKSON presented a paper entitled: Is Extirpation of the Cancerous Uterus a Justifiable Operation? an abstract of which is found elsewhere.

The reading of this paper was attended with marked interest, and called forth an extended discussion, participated in by Drs. Edmund Andrews, W. E. Clarke, R. H. Engert, E. C. Dudley, G. C. Paoli, and D. T. Nelson.

A paper was read by Dr. J. Elliott Colburn (see "Contributions" in this journal), after which, under the head of miscellaneous business, Prof. Andrews, from a committee appointed to confer with the Board of Directors of the Public Library, in regard to establishing a medical department there, reported that they had had a conference on the subject, that the board approved of the project, that they would assist such an enterprise to the extent of their means; that the books and pamphlets of a medical nature should be kept for reference only, and not placed in the library list. The committee reported the following resolutions:

Resolved, That the Chicago Medical Society hereby endorses the plan thus outlined for securing a medical library, and will take immediate measures to put the same into effect.

Resolved, That we hereby appropriate $500.00 from the treasury to be used for this purpose.

Resolved, That we proceed to elect a committee on library, as provided for by the constitution, and said committee shall report to the society the books, and journals, which it recommends, and shall purchase such as the society approves.

Dr. Andrews argued in favor of the resolutions, and said this would form the nucleus for a fine medical library in Chicago, accessible to all, and to which the society would be able to contribute a certain sum every year.

Dr. A. Reeves Jackson moved that the report of the committee be adopted; but Dr. W. E. Clarke raising objection to immediate adoption, at his suggestion further consideration of the subject was referred to the next meeting, the resolutions at the same time being recommitted. The society then adjourned.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

I. Cysto-sarcoma of the Female Breast.

Exhibited for Dr. J. Ashhurst, Jr., by Dr. Schweinitz.

Bridget C., æt. 38, single, was admitted to the University Hospital during August of this year. She is a blonde, moderately anæmic from menorrhagia, with a sallow complexion and in poor general health. Suffers with constant flatulent dyspepsia and headaches.

Father died of phthisis; mother living and healthy; two brothers alive and in good health, and of three sisters, two are healthy and one, younger than the patient, suffers with chronic gastric disturbance, probably some form of dyspepsia. No family history of carcinoma or tumor of any kind can be obtained.

In February, 1883, she first noticed a commencing lump in her left breast. This gradually increased in size, the growth being painless until the following March, when she began to suffer intermittent pains, and the tumor's growth became more rapid. She applied for treatment, and on Aug. 9th Dr. Ashhurst removed the breast, the patient making a good recovery. No history of previous inflammation in, or injury to the breast was obtained.

Macroscopically the nipple is seen to be healthy though small, and the skin freely movable over the surface of the tumor. Upon section, it will be noted that the growth is filled with cysts, varying in size from a pigeon's egg to some as small as split peas. The cut surface shows clefts of a more or less parallel or concentric arrangement, sometimes inter-communicating and giving the mass a characteristic appearance which Virchow has compared to divided head of a cabbage. These cysts, at the time of the operation, contained a dark-colored, viscid, mucus-like fluid, while some of the smaller cavities were filled with a cheesy material composed of degenerated epithelial cells. The interior of the cyst-cavities are smooth but irregular, being pushed up here and there by papillary excrescences of their walls. Macroscopically the tumor one of the forms of cysto-sarcoma of the breast. Microscopic examination of the growth shows it to be composed of several forms of tissue. In the main it is made up of fibrous tissue, sometimes loose and wavy but more often well fitted together, or even so densely packed as almost to approach homogeneity. The acini are enlarged. The excretory ducts are dilated, lined with cuboidal or cylindrical epithelium, which is frequently luxuriantly hyperplastic. Scattered through the fibrous matrix are found some small spindle cells, which, in the neigborhood of the ectatic ducts are more numerous and simulate sarcomatous tissue. The cyst walls are composed of fibrous tissue and lined with epithelium. The origin of these cysts is, of course, to be found in the altered excretory ducts. The rather rapid growth of the tumor and the papillary excrescences into the lactiferous ducts would seem to indicate that this tumor belongs to the class cysto-sarcoma mucosum; but minute examinatlon fails to show the presence of mucoid tissue. Its considerable hardness and dense firous structure, however, classify it more properly as a cysto-sarcoma fibrosum or a fibroma intracanaliculare papillare mammæ of Virchow's classification.

II. Recurrent Scirrhus of the Male Breast.

The second specimen which I exhibit to-night

was taken from the breast of Moses W., æt. 60, a native of Ireland, and at the time of operation an in-patient in the University Hospital. He was of dark complexion, had a somewhat cachetic look, of bilious constitution and rather melancholic temperament. The family consisted of ten members. Father and mother died of old age; of his brothers and sisters he had little knowledge, but as far as he knew none of them ever suffered with carcinoma in any form. Four and a half years ago a small kernel appeared beneath his left nipple. Gradually the nipple retracted, and the tumor slowly increased in size until at the end of a year and ten months its dimensions were those of an orange. He then applied for treatment, and a Belfast surgeon removed the growth. Eight months later the growth began to recur in loco, the first nodule appearing in the scar at the point where a stitch was passed in the approximation of the wound. During August of this year he came to the University Hospital, and Prof. Ashhurst removed the secondary growth, and also some enlarged axillary glands which the patient claims were present at the time of the original operation. The patient denied any injury or inflammatory trouble in breast previous to the appearance of the original tumor. He also denied that this breast had been larger than its fellow, or that it had ever secreted milk. Macroscopically the growth is seen to be composed of two portions; the one, larger, is a tuberous mass, rising above the level of the epidermis, brownish red in color on the surface and yellowish white within, and of moderate consistence. The skin in the immediate neighborhood at the time of the operation was of a dusky hue. The other, and small portion, is a nodule situated beneath the skin in the subcutaneous connective tissue, and is of similar color and consistence. A section under the microscope shows a connective tissue frame work, composed of round and oval alveoli, and scattered through it some spindle and round cells. These alveoli are quite closely packed in the polymorphous epithelium, but chiefly of a spheroidal type. Much yellow elastic tissue is present in all sections. The skin in the neighborhood of the larger mass is involved in the carcinomatous process. The tumor is an ordinary scirrhus or spheroidal celled carcinoma. It is needless for me to speak of the interest which attaches to carcinomas of the male breast, and of their infrequency of recurrence when compared with similar growths in the female mammary gland. I need only to refer to Prof. S. W. Gross's interesting exhibit and remarks upon this subject in this Society's Trans., Vol. vi. I have mentioned that the tumor recurred at the point where a stitch was passed. It is permissible to speculate whether, if the surgeon's knife had removed a wider area of skin, this local recurrence would have been prevented, or at least delayed. It would not be an uninteresting study to make sections of the edges of flaps that are about to be approximated after the removal of malignant growths, and note whether any morbid manifestations would present themselves, ready to be lighted up in active growth by any irritation, as in this instance by the passage of a suture. At all events this may serve the purpose of another warning that all incisions for such purpose should be carried as far into healthy tissue as is possible.

SELECTION.

OBSERVATIONS ON PUERPERAL FEVER.

Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Liverpool, August, 1883.

BY THOMAS MORE MADDEN, M.D., F.R.C.S.E., DUBLIN.

[British Medical Journal.]

Puerperal fever, or metria, has always been a favorite subject of obstetric controversy, and we should, I think, be much indebted to Dr. Thorburn for so ably introducing the consideration of perhaps the most important practical question that can be here discussed; for, as long as we have one death in every five hundred deliveries—in other words, that 5,514 women die annually in this country after childbirth from an infective disease consequent on parturition—it cannot be unimportant for us to discuss its prevention and treatment (Annual Report of the Registrar-General for 1882).

It would be obviously impossible, within the very limited time at our disposal, to give any exhaustive or adequate attention to so vast a subject as this. We may, however, each, from our own clinical experience, say a few words on those points which appear to us of great practical importance.

According to the annual reports of the Registrar-General, no fewer than 44,306 deaths from metria were registered in England between the years 1874 and 1881 inclusively. To these must be also added 120,140 fatal cases registered within the same time, and tabulated in another column as reading from "childbirth and metria." In other words, 164,446 deaths from septic puerperal disease have occurred in this country in a shorter period than the lifetime of many of us who are now discussing its prevention and treatment.

Nor in Ireland has the mortality from this cause been less alarming than in England. Thus we learn from the registration reports that, during the past ten years, about 3,500 deaths from metria have been registered in Ireland. These figures, however, I think by no means represent adequately the actual mortality from puerperal fever in either country. The majority of parturient women, especially

in country districts, have no skilled medical assistance during labor, being then too generally dependent on the good offices of some friendly neighbor or midwife. Under such circumstances, when death from metria occurs, we can hardly expect any accurate statement of its true cause. And probably the very last cause that would willingly be assigned by an ignorant or unscrupulous person for the death of anyone under his or her care after delivery would be puerperal fever.

The statistical reports just referred to might also be cited, did time permit, to prove another fact of great practical importance, viz., that, notwithstanding the unquestionable advance which, within the past few years, has taken place in the obstetric art, puerperal fever or septicæmia is now as rife as at any former period. And we are apparently still as far as ever from that promised "stamping out" of puerperal fever which has been prognosticated so confidently by some obstetricians as the result of the recently improved methods of delivery and antiseptic treatment of puerperal patients. But, on the other hand, we have certainly progressed materially of late years in the treatment of all puerperal diseases, and more especially septicæmia or metria.

Pathology of Puerperal Fever.—Dr. Atthill's views on this subject appear to have been generally adopted by other recent authoritles, many of whom now agree with him in believing that, in the first place, there is no such specific disease as puerperal fever—that is, a specific disease in the same sense as small-pox or scarlatina; secondly, that inoculation or absorption of septic matter from without is a frequent cause of one form of metria, i. e., puerperal septicæmia; and, thirdly, that puerperæ frequently become self-poisoned by auto-infection from decomposition of retained clots, or shreds of membrane or placenta; the result being what some call puerperal sapræmia, in contradistinction to septicæmia. These are Dr. Atthill's views; and his experience has been so great, and his authority is so high, that it is with great regret I find myself obliged to dissent, as I do, toto cœlo, from the first of them, and to some extent from the others also. We are, however, met here to arrive at accurate conclusions on debatable questions, by the exchange of our individual experiences and views. Hence, having been for upwards of twenty years in practice, and having been for some years connected with the largest lying-in hospital in Great Britian, I have had some opportunity of gaining experience on this subject. I have, therefore, no hesitation in saying that, in common with others who have had similar experience, I am as convinced as I can be of any fact whatever of the existence of puerperal fever or a specific infectious disease peculiar to puerperal women. The entity of this disease is in no way affected by whatever name we may choose to term it; and whether we speak of it as puerperal fever, metria, septicæmia, utero-peritonitis, sapræmia, or by any other appellation, its distinct existence remains as unmistakable as that of measles, scarlatina, typhoid or typhus fever, or any other zymotic disease; although its predominant symptoms are varied, as those of these diseases also are, at different periods, and during different epidemics, by the prevailing atmospheric epidemic constitution, by the general condition of the patient, by the intensity of the septicæmia intoxication in each case, and by a variety of other modifying circumstances.

In considering a malady of such gravity as this, any needless subdivisions or hair-splitting pathological distinctions are, I think, misplaced, and are rather calculated to embarrass than to assist the practitioner who has to deal practically with the different aspects of the disease at the bedside of the puerperal patient. Hence, I think we should still retain the old name of puerperal fever, as most generally applicable, and conveying no debatable theory.

Causes of Puerperal Fever: Infection, Auto-inoculation, Hospitalism, etc.—With regard to the causation of puerperal fever, several much disputed questions present themselves. For my own part, I regard puerperal fever as a zymotic infective disease, prevailing periodically as an epidemic, and being, moreover, endemic in some places, under certain circumstances.

It is unquestionable that the disease may result from infection with the poison of other zymotics, such as erysipelas, scarlatina, and typhus fevers, as well as be induced by auto-inoculation with septic matter self-generated in the patient's system, or by hetero-inoculation with septic matter introduced from without. Dr. Burdon Sanderson's views with regard to the gradually increasing virulency of successive inoculation with the exudations of peritoneal inflammation, have been gradually accepted by pathologists. According to this doctrine, if the exudation of a simple peritonitis be injected into the peritoneum of another animal, the disease assumes a more active form in the second than in the first instance; and so on gradually develops its intensity, until at last a virus is reached of the virulence of malignant peritonitis in the human subject. This gradual evolution from traumatic infectivity to the intensified virulence of malignant septicæmia, concludes Dr. Sanderson, teaches plainly what we could not otherwise learn.

The same view is also deducible from clinical experience. Thus, in the Dublin Lying-in Hospital, before any epidemic outbreak of puerperal septicæmia, a few sporadic cases of puerperal fever are noticed to occur, at gradually shortening intervals

between them. These cases are usually at first of a mild type, and most of the patients primarily attacked recover. Soon, however, the number of the cases and the virulence of the disease increase, until the hospital at last becomes the hotbed of epidemic puerperal septicæmia, from which recovery is exceptional, and which cannot be arrested until the institution has been closed for some time.

It would, therefore, be impossible to glance, however briefly, at the etiology of puerperal fever, without some reference to the alleged influence of lying-in hospitals in the epidemic spread of this disease. For many years I doubted that these hospitals had any bad influence; and, in former discussions on this subject, I took part in maintaining that even the largest institutions in which lying-in women are aggregated could be, by proper hygienic management, conducted without any fear of their ever proving centres of epidemic puerperal disease; and I only regret that, with my present experience, and from a full review of the facts bearing on the subject, I can no longer hold this view. The mortality caused by puerperal fever in the population at large, great as it is, amounting, as I have already observed, to about one death in every 500 deliveries, is fearfully exceeded in all special lying-in hospitals, in which large numbers of puerperal women are aggregated together. In these institutions, the germs of septicæmia are developed with a rapidity and attain a virulence unknown under any other circumstances. Thus, in the two Dublin lying-in hospitals, the mortality from puerperal fever is now five times larger than in extern deliveries in the population at large throughout England, as shown by the l st reports of the Registrar-General and of the Hospital Board of Superintendence.

There is unquestionably much to be said in favor of lying-in hospitals, such as that admirably managed institution the Rotunda hospital, which is an enduring monument of the self-sacrificing charity of its founder, a member of our profession, and is the justly revered Alma Mater of the Dublin School of Midwifery, which has done so much for the progress of obstetric science. But vast as are the benefits that have been conferred by great maternity hospitals such as this on innumerable women in their hour of direst trial; countless as may have been the lives therein saved from all the emergencies of childbirth; great as is the utility of such institutions as centres of obstetric education; yet all these considerations are, I fear, outweighed by the fact that puerperal fever therein finds its favorite habitat, and that its virus radiates thence at certain intervals in outbursts of epidemic malignant puerperal septicæmia.

Amongst the causes of puerperal fever, some reference should be made to laceration during labor of the cervix uteri. This accident, especially where the injury has been occasioned by the abuse or premature employment of the forceps before the natural dilatation of the os, is probably a very important, though generally entirely unrecognized factor in the modern etiology of puerperal septicæmia. Under such circumstances, the danger of rupturing the undilated parts is self-evident. And it is equally obvious that thereby is afforded a ready channel for the auto-inoculation of the patient with any septic poisoning existing in the lochial discharge, which may be absorbed through the raw edges of the lacerated surfaces, and thus give rise to septicæmia. There can be no question as to the toxic effect of inoculation with even apparently healthy lochial matter; and, therefore, much more likely is this to occur when the lochia are in an abnormal or vitiated condition, as is so generally the case a few days after difficult and instrumental deliveries.

Treatment.—There can be no question of the general fatality of epidemic puerperal fever; but still, we have improved considerably in our treatment of this disease, as shown by its result. It is not so very long since an eminent obstetrician reported that he would quite as soon be called to a case of hydrophobia as to one of puerperal fever. I remember hearing the late Dr. Stoker, in the course of a discussion on this subject, saying that, during an extensive practice, extending over forty years, he had very frequently been called in consultation to cases of puerperal fever in the later stages, and that, during this long period, he had never seen a single instance of the kind in which the patient recovered. Now, I am sure that there is no practitioner present who, thanks to the recent progress of obstetric medicine, has not been enabled to treat successfully at least some of those cases which only fourteen years ago proved uniformly fatal in the practice of one of the most eminent physicians of his day.

The treatment of puerperal fever must be governed by the predominant symptoms of each case, and depends largely on the prevailing epidemic type of the disease, which varies widely at different times. Even within the comparatively short period included in my own obstetric experience, several changes have taken place in the prevailing type of puerperal fever in successive epidemics, and hence in the treatment required. We now seldom, if ever, meet with the true inflammatory utero-peritonitis, for which, in my student days, mercury with opium, and free depletion by leeching, were almost invariably prescribed. I well remember often seeing the puerperal patient's abdomen covered, under such circumstances, by what the late Dr. McClintock graphically described as a poultice of leeches. And, I may add, that I have still a lively recollec-

tion of the benefits derivable, in appropriate cases, from this line of treatment. Within the last fifteen or eighteen years, however, I have never seen a case of puerperal fever in which any form of depletion could be tolerated, the disease having now, in common with all others, assumed an asthenic or typhoid form, and like them appearing more in the character of a septicæmic, than of a true inflammatory malady.

Thus, when, some years after my first acquaintance with the practice of the Rotunda as a student, I became one of the medical staff of the same hospital, two forms of puerperal fever came before me; one with marked uterine pain and tenderness and abdominal distension, and the other without any localized pain; both accompanied by a low typhoid condition tending to death, and obviously requiring stimulation, and especially the free use of turpentine by the mouth, by enemata and by external application in stuping the abdomen. The form of puerperal fever now most met with is distinctly remittent in its type. Several cases of this kind have come under my observation in which the fever was of the tertian character. Still more usually, however, there are daily matutinal remissions. Thus the temperature and pulse in the second week of the illness often fall each morning to little above normal, and again rise throughout the afternoon, until in the evening the former has reached 105°, and at the same time the pulse becomes above 120.

In the treatment of remittent forms of puerperal septicæmia, our main reliance must be placed in quinine. This should be given in medium doses of from three to four grains at short intervals of three to four hours, and continued until the pulse and temperature have been sufficiently reduced, and cinchonism has been maintained for some days.

I may here repeat that, with very few exceptions, all the cases of puerperal fever I have recently seen were of an essentially asthenic type, presenting all the symptoms of so-called malignant puerperal fever or septicæmia, and consequently were not suitable cases for any form of depletion; but, on the contrary, required the free use of stimulants and nutriment.

Whatever other treatment may be indicated, however, the use, twice daily, of warm antiseptic intra-uterine and vaginal injections is essential in every case of puerperal septicæmia. The use of such injections, for the purpose of thoroughly washing out septic exudations from the cavity of the uterus, is self evident. But, at the same time, it should be said that they require to be used with far more caution than is generally practised. Nor should we ever fail to impress on the nurse, in such cases th risk of probably injecting virus into the open uterine sinuses; or, on the other hand, of forcing the the injected fluid through the patulous Fallopian tubes. I have more than once seen injury caused, in both these ways, by want of such caution in the use of the ordinary siphon syringe.

The Med. Press, Oct. 3, 1883, says a case of a three-year-old child who received a severe crush of the calf of the leg is reported by Dr. Hjorst in the Norsk Magaz. für Lægevidensk. (Med. and Surg. Journal.) Under antiseptic treatment of the wound the patient did well until the thirteeenth day, when symptoms of tetanus developed. Morphia and chloral gave some relief by the rectum, but the disease became more marked. On the twenty-fifth day the child's condition seemed hopeless, and after consultation it was decided to give hypodermically an injection of curare (gr. $\frac{1}{64}$), which was repeated at the end of three hours increased to $\frac{1}{48}$ gr., which gave decided relief. The next morning an injection ($\frac{1}{32}$ gr.) was given; the patient was decidedly more comfortable; chloral was again given by the rectum at night. The next day the patient was much better, and had spontaneous diuresis and evacuation from the bowels. Convalescence gradually was established.

Sarazin, Thése de Paris, July, 1883, gives the following conclusions regarding aphthous vulvitis of children (Med. News, Oct. 8, '83): 1. Aphthous vulvitis is a well-characterized disease. It is peculiar to little girls from two to five years of age. Rare in private practice; it is observed especially in hospitals. 2. Measles is the principal cause of this affection. It furnishes two-thirds of the cases. 3. Gangrene of the vulva has most frequently for its point of departure aphthous vulvitis. 4. The prognosis, which was unfavorable before the employment of the iodoform treatment, has become quite favorable since the introduction of this agent as a topical application. 5. The treatment consists in sprinkling the affected parts with iodoform powder, and keeping them separated with pledgets of lint. The internal administration of tonics is a useful adjuvant of local treatment.

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SEVERAL ARTICLES BEARING upon the subject, Free Hydrochloric Acid a Stomach Digestion, in which very singular views are advanced, have recently appeared in Germany. (Virg. Med. Monthly.) In Le Progrés Mèdical, for September 15th, is a review of several of these papers by Dr. E. Vogt, from which we take the following abstract: Dr. Von Velden, by whom these experiments were first instituted, procured the contents of the stomach by the use of Kussmaul's pump. The results of his investigations are very interesting, and if confirmed by further investigators, will be of great practical importance. In a case of typhoid fever, he found that the free acid was absent during the whole course of the disease; but it reappeared during convalescence. In simple dilatation of the stomach, the acid was never absent. In cancer, on the other hand, it was invariably absent—so invariably, indeed, that in one case the diagnosis of cancer (which was confirmed by an autopsy) was made when no other symptom was present. Why this change should occur in cancer he could not determine; it was plainly not due to the cachexia, for persons in the last stage of marasmus, but who had not cancer, preserved the free acid in the gastric juice, while it was absent in carcinomatous cases, even when the patients were improving. In one case, where the liver was affected and not the stomach, the acid did not disappear. In another series of researches he found that the saliva, which passed into the stomach, only acted on the starchy food when the free acid was absent, and that this latter did not make its appearance for an hour and a half or two hours after eating, a fact which had been previously remarked upon by Lehmann. Opponents to these views of Von Velden have not been slow in making their appearance. Ewald has criticised his methods of experiment, and denies the conclusions at which he arrived. Edinger has found the free acid to disappear in two cases of amyloid degeneration of the mucous membrane of the stomach, and is, hence, inclined to attribute the disappearance of the acid to an endarteritis obliterus. Instead of using Kussmaul's pump, this experimenter used a modification of an old method of obtaining gastric juice—namely, he caused the subjects of the experiments to swallow a piece of sponge, to which a string was attached by which it could be withdrawn; the modification consisted in enclosing the sponge in a gelatine capsule, which was promptly dissolved after reaching the stomach.

IN DISCUSSING THE SUBJECT of the injection of medicines into the trachea, M. Bergeron stated first (Virg. Med. Monthly), that the injections of liquids in the tracheæ of cows, horses, and dogs were very well borne by these animals, and gave rise to no disturbance. He went on to state that it was possible to make similar injections into the tracheæ of human beings without danger; he had, in one case, used twenty-five such injections in thirty-five days in a phthisical patient, the object being to allay cough. It was necessary that the patient should be lying down, as otherwise fainting might be induced. M. Potain recalled the fact that Claude Bernard, as a result of experiments on animals, had stated that the air passages might be rendered serviceable for the absorption of medicines, and a naval surgeon had once administered quinine in this way for pernicious fever with success. The direct injection of medicines into the diseased lung was a way of applying

remedies which had been recently proposed and practised, though it was true, he said, that as yet the success had been very slight, so far as the cure of cavities was concerned; indeed, nothing seemed to do any good in those advanced cases, but efforts in this direction should not be abandoned.

Commenting upon several recent deaths caused by the injudicious use or administration of chlorate of potassium in Germany, Dr. C. Friedländer (in Fortsch. d. Med., 17) demands that chlorate of potassium should be regarded as a poison and classed among them both in the pharmacopœia and in the shops. We agree, says New Remedies, with Dr. Friedländer in regretting the existence of a popular notion that chlorate of potassium is not poisonous. When taken in large doses, and particularly in often-repeated doses, it is capable of producing serious results. Much of this unfortunate practice is due to the mistake originally made when "kalium chloratum" was recommended as a remedy for sore throat, syphilitic or otherwise, or mercurial sore mouth, inasmuch as it was erroneously translated in English by "chlorate of potassium," while, in fact, the comparatively innocuous salt "chloride of potassium" was meant.

Inflammation of the Thyroid in Diphtheria.—Dr. Brieger reports two cases of inflammation of the thyroid gland occurring in the course of diphtheritis. (Med. News.) The first patient was a young woman, æt. 18 years, who had no fever when first seen on the seventeenth day. Two days afterward, and while the diphtheritic membrane was still present, quite a high fever came on, with pain and swelling of the thyroid gland, and aphonia and dyspnœa. Antipyretic treatment seemed to have no good effect, but a good deal of relief was obtained by poulticing the swelling. Twenty days later Brieger made an incision at the point of fluctuation, and about one ounce and a half of pus was evacuated. The patient recovered under careful treatment. In the second case, of a woman æt. 32, the inflammatory process was aborted by energetic antipyretic treatment, and by leeches in the early stage. The thyroid inflammation subsided in both cases before the diphtheritic process. Brieger thinks that there is no doubt that the thyroiditis was the direct consequence of the invasion of the gland by the diphtheritic microbes.

Prof. Bohn, of Königsberg (Deutsche Medicin. Woch., Aug. 15), reports a case of poisoning by chlorate of potash, prescribed on account of vesical catarrh following gonorrhœa. (Med. News.) The patient, a man æt. 40, was ordered to buy some of the salt at a druggist's, to dissolve a teaspoonful in a tumbler of water, and to take a teaspoonful of the solution every two hours. He was afterwards found to have dissolved a teaspoonful every two hours in a glass of water and to have drunk the whole quantity each time, so that he had taken two ounces in thirty-six hours. When seen by Dr. B. he was pale and collapsed, in a condition suggestive of cholera, suffering greatly from pain over the stomach, and with suppression of urine. Soon afterwards a feeling of formication and numbness in the hands and feet came on, causing great distress and restlessness. The small quantity of urine, about half an ounce, passed in twenty-four hours, contained a few blood corpuscles and was full of small brownish bodies and cylinders. Under the spectroscope, it showed the absorption-band of methæmoglobin. Death occurred within two days, preceded by increasing collapse and some amount of icterus. The most distinctive appearance found at the necropsy was the brown color of the spleen, liver and kidneys, which did not pass off on exposure to the air, but persisted after some days. The uriniferous tubules of the kidneys were found to be filled with brownish masses, formed in bodies resembling red blood-corpuscles, but without their bi-concavity. There was a stagnation of blood in the spleen, and the medulla of the bones and the blood-corpuscles were changed in character both there and in the heart, being shrunken and altered in contour. This case reminded Dr. B. of others in which death was supposed to have

occurred from diphtheria. He appends the histories of two, in each of which large doses of chlorate of potash were given. He thinks the drug must no longer be sold as harmless, or be given in unlimited quantities into unprofessional hands.

Convallaria Majalis, Recommended so highly in cardiac affections and held to be free from cumulative action and toxic properties, is not as perfectly safe as some have believed. Dr. George Herschell relates in the Lancet the case of a man, apparently healthy, who had an irregular pulse following worry and overwork two years ago. Physical examination failed to reveal any cardiac lesion, and all the other organs were healthy. The patient had been taking digitalis, but this was discontinued, and, after an interval of a month or two, tincture of convallaria was ordered in five minim doses three times a day. After a few doses he was obliged to stop its use on account of its remarkable effects. Almost immediately after taking a dose the pulse became nearly imperceptible at the wrist, and there was a sense of oppression over the sternum, nausea, cold feet, vertigo, flatulence, and a feeling of utter prostration. These symptoms lasted two hours, but came on again at each repetition of the dose. Dr. Herschell advises caution in the use of the drug, beginning with doses even less than those usually considered as the minimum.

Dr. W. Squire read a Paper on the subject of Normal Growth-rate in Infancy and Childhood before the Harveian Society (Louisville Med. News). In the care of health, he said, height and weight had always to be considered. In the young, nutritition was arrested when weight was lost, and restored when it was regained. But the mischief done might never be repaired, and in spite of the prejudice against infants being weighed, it was, he thought, a necessity. With them disturbed health was shown by the mere alteration of the normal growth-rate. During the first three months mere gain in weight was not evidence that the child was thriving, unless the gain was in the right ratio. All children, in the first few days after birth, lost five or six ounces in weight, and regained this in the eighth week, and at the same time grew an inch in height. A pound weight was gained by the end of the first month, and two pounds in the second, then the rate of increased weight was less, but two inches height was added. During early dentition both height and weight increased at a lower ratio. A child should double its birth-weight in the first four or five months, and treble it at a year old. In the first year it should grow three inches in the first three months, two inches in the next three months, and two or three in the last six months. The weights in the diagram for each month of the first year had been verified by numerous observers; the heights were approximations only to the normal growth-rate; they had been traced from some observations of the author, supported by one instance of continuous measurement for the whole year by Dr. Haehner of his own child, published in the American Journal of Obstetrics for 1880. Dr. Squire showed another diagram which gave the average height and weight every year up to the age of twelve. A child should measure three feet at three years old, four feet at eight years, and five feet at twelve, and should weigh at three years thirty-two pounds, five years forty pounds, eight years fifty pounds, and twelve years seventy-two to eighty pounds. Throughout a child was found to grow by fits and starts, perhaps two inches in one three months, and not an inch in the next half year; rapid growth was an indication for care and rest, and loss of weight was as true a symptom of disease as one obtained by the use of the clinical thermometer. Unless girls showed increased growth-rate at eleven and twelve years, healthy development a year or two later would be hindered, and medical treatment might then come too late. In the discussion which followed, the President, Mr. R. W. Parker, and others took part, after which Dr. Squire replied, and the meeting adjourned.

To a Group of Cerebral Symptoms, appearing especially in weakly or rachitic children during difficult dentition and subsiding upon the eruption of the teeth, Dr. Guaita gives the name of pseudo-meningitis dentalis (Med. Record). As an example of this affection, he relates the case of a child, twenty-one months of age, who was taken ill with fever, constipation, slight bronchial catarrh, and a single attack of emesis. To these symptoms were soon added somnolence, grinding of the teeth at night, hyperæsthesia, slight strabismus, irregular pulse, the tache cérébrale, but no convulsions. All these symptoms disappeared after eight days, as soon as two upper molar teeth had pierced the reddened and swollen gums. The author regards this disease as of much more frequent occurrence than is generally supposed. During the years 1880 and 1881, 194 children under two years of age were reported to have died of meningitis in Milan. He thinks that in many of these cases the actual cause of death was the above-described pseudo-meningitis. In the treatment of this disease, which may end fatally in bad or neglected cases, Dr. Guaita advises the relief of constipation by calomel, and the employment of active antiphlogistic and revulsive measures, such as ice-bags, leeches, and blisters. To which we add: assist the calomel or whatever else may be used with the same object in view by copious enemas.

The Hydro-Aerial Catheter has been described in the Encyclopédie Internationale de Chirurgie (Jour. Am. Med. Ass.), and consists of a hollow sound which admits the passage of a filiform bougie. At its superior extremity it terminates in a metal tambour, to which is attached a thin rubber cylinder, shaped like a glove finger, pressure upon which, with the sound in the urethra, would exert considerable air force. In addition, a reservoir of water communicates by a tube with the metallic tambour, and thus with the cavity of the sound. The sound can be readily detached and bougies of various sizes introduced. The object of the apparatus is easily understood; it is to overcome urethral obstructions by the simultaneous use of a bougie and hydraulic pressure; in this way obliterating obstacles due to mucus folds, to fungosities, and to flexures of the urethral canal. In urethral spasm, the continued hydraulic pressure, so regular and innocuous, masters the energetic contractions which the use of instruments so often merely exaggerates. The inventor, L. Duchastelet, in the Annales des Maladies des Organes Génito-Urinaires, Aug. 1, has given four cases in detail where this instrument was used to great advantage.

Oscar Lassar recommends the following in Monat. f. Rakt. Dermat.: ℞. Acid salicyl, 2.0 (grs. x); vaselin, 50.0 (ʒiv); zinci oxid., amyli, aa 25.0 (ʒij). Rub together into a paste. The zinc-starch paste has no irritating properties whatever, and is well borne when simple vaseline is not. The greatest advantage, however, is said to be due to its porosity, by means of which any secretions which arise from the surface to which it is applied are absorbed instead of collecting beneath it, as is the case with ordinary ointments. Moreover it does not liquefy at the ordinary temperature of the body, but dries on the skin, to which it adheres so closely, wherever applied, as to render a retaining bandage unnecessary. On hairy portions of the body it is objectionable, because of its sticking the hairs together.

The Doctor's Last Wink.—Dr. de la Pommerais was executed in June, 1864, for a murder of the Palmer type. On the night before his execution he was visited by Surgeon Velpeau, who after a few preliminary remarks informed him that he came in the interest of science, and that he hoped for Dr. de la Pommerais' co-operation. "You know," he said, "that one of the most interesting questions of physiology is as to whether any ray of memory, reflection, or real sensibility survives in the brain of a man after the fall of the head." At this point the condemned man looked somewhat startled; but professional instincts at once resumed their sway,

and the two physicians calmly discussed and arranged the details of an experiment for the next morning. "When the knife falls," said Velpeau, "I shall be standing at your side, and your head will at once pass from the executioner's hands into mine. I will then cry distinctly into your ear: 'Couty de la Pommerais, can you at this moment thrice lower the lid of your right eye, while the left remains open?" The next day, when the great surgeon reached the condemned cell, he found the condemned man practicing the sign agreed upon. A few minutes later the guillotine had done its work, the head was in Velpeau's hands and the question put. Familiar as he was with the most shocking and ghastly scenes, he was almost frozen with terror as he saw the right lid fall, while the other eye looked fixedly at him. "Again!" he cried frantically. The lids moved, but they did not part. It was all over.

Prof. C. F. Brackett in Discussing the regulation of moisture in our rooms exonerates the open fire from any guilt in drying the atmosphere, and, giving certain calculations too intricate for value in the average household, says: No doubt the most satisfactory plan is to have recourse to observation of the wet and dry bulb thermometers, and by their indications regulate the exposed surface as to extent and proximity to the fire-pot, speaking especially of furnaces, till the proper amount of evaporation is secured. Every one who is consigned to a steam heated room must have suffered from an unpleasant condition of the atmosphere; just what the peculiarity is we are at a loss to demonstrate, but we intend to profit from Prof. Brackett's suggestion, and observe if the wet and dry thermometer bulb throws any light on the subject.

Dr. Harvey Scott reports the case of a rare foreign body in the eye in the British Med. Jour., September 22, 1883: "As senior medical officer of the military escort which proceeded with King Cetywayo to Zululand, an uncommon case came under my observation. A native driver (Cape boy), one day, whilst lying down under a wagon, became conscious of the existence of a foreign body in his left eye. Having tried all the usual methods of removing it himself without success, he presented himself at the field-hospital, where, upon everting the lower eyelid, a foreign body was plainly visible on the surface of the cornea, which on closer examination turned out to be a living tick (Ixodes), common in South Africa. The tick was tightly fixed to the cornea, but was compelled to relinquish its hold by being grasped between the blades of a very fine forceps. After removal, the insect was placed on my hand, and appeared as vigorous as possible. No inflammation ensued. I mentioned this case to all the local practitioners here, but none of them had ever heard of such a case."

The General Characteristics of Good Bread seem to be appreciated about in the inverse ratio of the value of good bread. If brides-elect would only take one quarter of the pains to become acquainted with the rationale of the various good and bad qualities of bread as they do to arrange the tucks of their wedding dress, divorces, etc., would be much less frequent. The wedding dress is usually worn for a few hours—bread is expected to be eaten three times daily with the man they swear to love and cherish. How far physicians can contribute towards the appreciation of these qualities depends upon their own capacity in this particular, their general interest in the family's welfare and necessarily upon the standing which they occupy in the family. These remarks are made as an excuse for the introduction of the general characters of good bread as given.—Parkes' Hygiene (Wood's Library): "There should be a due proportion, not less than thirty per cent of crust; the external surface should be well baked, not burnt; the crumb should be permeated with small regular cavities; no parts should be heavy, and without these little cells; the partitions between the cavities should not be tough; the color should be white or brownish from admixture of bran;

the taste not acid, even when held in the mouth. If the bread is acid the flour is bad or leaven has been used; if the color changes soon and fungi form, the bread is too moist; if sodden and heavy, the flour is bad or the baking is in fault; the heat may have been too great or the sponge badly set." So convinced are we of the importance of this subject that we readily believe that good or bad bread may mean life or death to many a convalescent; and certainly no nurse should be considered worthy of recommendation who has not a clear conception of what constitutes good bread.

In Regard to a Newly Recognized property of sulphate of iron New Remedies has the following: When ferric sulphate is as neutral as it can be, i. e., it does not cause effervescence with sodium carbonate, and contains no perceptible quantity of protoxide of iron, nor any ferric chloride, which is always acid, it is capable of uniting with organic substances or vegetable extractives to form very definite and stable compounds, that are not removed by solution in water nor decomposed by contact with the air. The organic substances in urine, as well as the phosphates, were instantly precipitated by the addition of two per cent of a liquid preparation having a density of 50° B., and containing 26 per cent of the oxide of iron. Fresh urine treated in this way, May 16, 1882, remained odorless and unchanged more than a year, although kept in a warm room, exposed to the air. An analysis showed the precipitate to contain 53.4 per cent of nitrogen, and 12.42 per cent of phosphoric acid, representing 16.44 per cent phosphate lime. Excrement treated with 3 per cent of this reagent remained unchanged for a year. Fish entrails were put for two days in water containing 1 per cent of the reagent, then washed a long time in water, and on the 16th of May, 1882, were dried in the open air without any bad smell. They were subsequently cut up and digested in water in which only traces of iron salt could be detected. After drying again they kept as well as ever in the air. A similar treatment again with dilute hydrochloric acid only dissolved a little more iron, and the substance did not change afterward when exposed to the air of summer. To show that a true compound was formed between the iron salt and the organic substance, heads, intestines, the scales and skins of fishes, and oxhide were exposed to the action of this salt of iron, then dried and preserved with the greatest ease. They were subsequently mechanically divided up, and exposed for several hours to the action of a boiling solution of barium chloride. A perceptible quantity of the reagent could not be detected. Barium sulphate could only be found in minimum quantities, and the mixture of these substances could be kept a long time in ordinary water. After being in contact with water for more than a hundred days, only a few gas bubbles arose on stirring it up, having a slightly acid odor quite unlike sulphydric acid gas. Hence we may safely assume that a very stable compound was formed by the iron and the organic substance. Some fish, a dog, and a rabbit were put in the iron sulphate solution. The rabbit weighed 839 grams, and remained in the solution for five days; it became stiff, its skin kept its reddish color and became so hard and horny that it could scarce be scratched with the nail. The bath lost 6° B. in density, and after drying the surface the animal only weighed 539 grams, having lost 36 per cent in weight. An experiment with a goat's heart showed the same loss, the bath having taken the water out of the animal. When perfectly dry, the rabbit weighed only 326 grams. It has kept perfectly for a year, and the process of mummifying it cost less than one-tenth of a cent. Similar observations were made upon other animals. In 1882, a horse died from a very infectious disease, and the entrails, dipped in a solution of the neutral sulphate (a few parts of the salt in a thousand of water), were used immediately for demonstration as well as for examination by the students. A pheasant egg, weighing 9.35 grams, was deprived of its shell and lost 38 per cent in the solution; it dried and shrivelled up and was completely mummified, with-

out giving out any bad smell. These results will be incentive to further experiments.

In the Annual Report of the Ophthalmic clinic of Berne University for 1881, according to the Archives of Ophthalmology, No. 304 p. 480, is a very interesting "genealogy of a family in which hemaralopia combined with a high degree of myopia is hereditary. The same law which has been shown to hold good in red green blindness is always followed here, every other generation being affected." We suppose the "every other generation" to mean that whilst it may be absent in the daughters it reappears in the sons of the daughters.

Schroeder Reports in the Berlin Klin. Woch. (Med. News) the extirpation of a vagina for carcinomatous ulceration involving the greater part of the vagina. Instead of operating by the ordinary method, by dissecting from above downwards, Schröder made a circular incision anterior to the orifice of the vagina; then isolating the canal by a blunt instrument carried towards the cervix, which he removed with the lower segment. He found that this method greatly facilitated the operation. It was not found necessary to apply any sutures. There were no untoward accidents and the recovery was rapid. In another case of partial extirpation of the vagina, he found it more advantageous to dissect from below upward.

Dr. Fischer, of Trieste, proposes the employment of cellulose as a dressing for wounds. Before it is applied, the cellulose is impregnated with water or some medicated solution; it is then covered with an impermeable substance, such as rubber cloth. This method of dressing is particularly applicable to wounds the cicatrization of which is favored by moist heat. (Med. News). Fischer claims the following advantages for the method: 1. On account of its perfect purity, it is preventive to septic conditions. 2. It is extremely light, and will have none of the bad effects sometimes occurring with heavy dressings. 3. It causes neither erythema nor erysipelas in the vicinity of the wound. 4. The heat and humidity are preserved for twenty-four hours or more. 5. It does not adhere to granulating surfaces. 6. It can be perfectly adapted to any surface upon which it is desired to apply it. 7. It is cheaper than other substances used for dressing wounds.

Writing to the British Medical Journal on the use of hot-water enemata in delivery, Dr. D. S. Beckingsale says (Med. Record): "The value of hot-water enemata is a means of hastening delivery, apart from its use in the removal of fecal accumulation, in such cases of tedious labor in which either ergot or the forceps are admissible, has been hitherto unaccountably ignored in practice, as far as my experience extends. I formerly had warm-water enemata given with the usual object of removing fecal obstruction from the rectum. In most cases an increased rate of dilatation of the os followed. Latterly I have had enemata of hot (not merely warm) water administered, whether there were any appreciable collection of fæces or not, and always with the result of an accelerated rate in the progress of labor. The fact of the os dilating under the influence of the enema, whether there was an appreciable quantity of fæces or not in the rectum, proves that their presence does not prevent dilatation by causing spasm; at least, not in the majority of cases. It follows that the hot enema must act as a direct and powerful stimulant to the uterine muscle, and I feel convinced, I may add as a result of close observation, also to the voluntary muscles engaged in the act of parturition. Judging from the sense of relief which follows its administration, it has at the same time a relaxing and soothing effect on these same parts —analogous, in short, to the effect of hot water applied in the familiar form of a fomentation to an inflamed and painful swelling. I believe I am justified in adding that there is less atony of the uterus after delivery, when a hot enema has been given, and consequently less tendency to post-partum hemorrhage. On this account it has not the after-relapsing ef-

fect of chloroform on the uterus it otherwise commonly has. I submit that it would be as well to give so simple a means of treatment as hot-water enemata a trial in cases in which either ergot or the forceps would be used, as it possesses obvious advantages over both."

On the Connection Between the seasons of the year and the prevalence of rheumatism, Dr. Henry S. Gabbert concludes as follows (Lancet): 1. The disease is neither most prevalent in the coldest months of the year, nor least prevalent in the warmest. 2. It does not occur with greatest frequency in those months in which the daily variations of temperature are greatest. 3. Although there is a certain correspondence between the rainy periods and the times when rheumatism is common, this is not close enough to point to any necessary connection. But cases of the disease are very numerous at that period of the year during which there is usually a coexistence of low temperature and heavy rainfall, viz., the end of autumn. 4. Acute rheumatism has an annual period of prevalence extending over the eight months from June to January inclusive; as a rule, it is not common in February, March, April, and May. 5. The rheumatic period seems to divide itself naturally into three parts: a summer part from June to August, containing comparatively few cases; an autumn part from September to November, containing a large number; and two winter months, December and January, in which the number sinks again. 6. Acute rheumatism is most prevalent in the months of October and November.

An Irish Woman, needing some silk and some tape, sent her husband after them. The silk was shown, but the buyer thought the price two high. The clerk explained that all silk goods were dear, owing to some disease at this time prevalent among the silk-worms. The tape was next examined, and the Irishman thought that a little stiff as to price. "And indade, sir," says he, "is there likewoise a dezase a-prevailin' among the tape-worms?"

At the Last Meeting of the N. Y. Pathological Society (Med. Record), Dr. W. Gill Wylie presented a kidney removed by abdominal section in August last. The patient was sent to him by Dr. Winters, of Phœnicia, and gave the following history: She was thirty-four years of age, the mother of four children, and had had one miscarriage. So far as she knew, all the members of the family had been regarded as healthy. There was no evidence, however, from either physical examination or clinical history, that she was then suffering from either ovarian or uterine disease or disease of the Fallopian tubes. The chief symptom was pain in the right side, and sometimes painful menstruation. The patient was examined while lying upon her back, and nothing could be made out by palpation except that the abdominal walls were lax, but as she sat up and twisted her body he felt a tumor just below the liver, and it seemed to be the kidney with its long axis at right angles with the long axis of the body. Dr. Wylie diagnosticated movable kidney, believed that the probabilities were in favor of its becoming strangulated, and recommended that it be removed. For a long time there had been steadily pus and albumen in the urine. About one week subsequently Dr. Wylie operated for its removal by making an incision through the abdominal walls, just to the right of the umbilicus, sufficiently large to admit the ends of the fingers, with which he was able to determine that the ovaries and uterus were normal, the intestines, the liver, and the gall-bladder also were apparently normal, and the left kidney was in its normal position. The right kidney was not readily found, but that was accounted for by the position of the incision, for when the patient was placed in the upright position the organ twisted upon its attachments, so that its long axis was at right angles with the long axis of the body and it was at once detected. By having the edges of the wound held apart by tractors, Dr. Wylie was able to get one finger above and another below in such a manner as to push the kidney forward without much trouble, and then toward the right side. An incision two

or three inches long was then made in the peritoneum, the upper end of the kidney was pushed through, and the entire organ followed without difficulty. The ureter was tied, leaving behind a portion about two inches long; the arteries were ligated and then the two were tied together and the whole mass cut off. The stump was dropped back. The abdominal wound was closed with sutures and dressed, and the patient was left in the care of Dr. Winters. No bad symptoms occurred for nine days, and during that time the average daily discharge of urine was twenty-four ounces. Dr. Winters removed the stitches on the eighth day, but did not put on any supporting adhesive straps; the patient burst the wound open and lost sufficient blood to place her in a rather unpleasant condition. An abscess subsequently formed in the abdominal walls at the site of the incision. At the present time thirty-six ounces of urine are discharged daily, and the patient is dressed and about her room some. There is yet pus in the urine, and for the first time the patient has complained of considerable pain in the left side. Dr. Wylie thought the chances were that the left kidney was not perfectly healthy. The kidney removed had been examined by Dr. W. H. Welch, who reported that it was tuberculous and that he found the tubercle bacillus. His diagnosis was primary urinogenital tuberculosis. In the discussion which followed the report of the case Dr. Heitzman said that he had made three hundred postmortems in which he found tuberculous kidneys, and in only four was there croupous nephritis and necessarily casts in the urine, whereas in all the other cases there was interstitial or catarrhal nephritis. Tuberculosis of the kidney as a primary lesion is extremely rare. He thought there need be no difficulty in deciding whether or not the other kidney is involved, because as soon as renal epithelium appears in the urine the fact is established that the organ is in an inflamed condition.

Speaking of the Unsatisfactory Results of all the remedies recommended for sweating in phthisis, Dr. J. R. Forrest thus writes to the Lancet, Oct. 27, 1883. (Med. and Surg. Reporter.) I have found the following a most efficacious lotion: ℞. Sulphate of zinc, gr. iv.; tincture of belladonna, ʒj.; water, ℥j. The body to be sponged with the lotion at bedtime. It has proved serviceable in my experience in cases both of the incipient and advanced disease, the excessive sweating being often quite restrained after two nights' sponging.

In an Editorial on the Diagnosis of gastric diseases, the Med. Record says: A number of new methods have been devised of late for the more exact examination of pathological disturbances of the stomach. The use of substances which are rapidly taken into the blood and reappear in the saliva and other secretions, the washing out of the stomach and examination of the fluid thus obtained, the gastroscope, palpation, percussion, and surface thermometry all combine to make the examination of gastric diseases much more definite than it used to be. Quite recently M. Rommelaere has added to the above methods of research another one, viz.: the examination of the urine. His views, first expressed some months ago, have been confirmed by further experience, and he now announces (Journal de Médecine de Bruxelles) the following conclusions: A cancerous ulceration of the stomach is attended with diminution in the amount of urea excreted per diem and also of the urinary chlorides. Simple gastric ulcer is associated with normal azoturia (if that expression be allowed), or even hyper-azoturia, and the chlorides are of normal amount or in excess. Spreading gastric ulcer is accompanied by normal or hyper-azoturia, but with decrease in the chlorides of the urine. This help, which the above formula, if correct, would give in cases where early diagnosis of cancerous disease is desired, will be very apparent.

In a Paper on Chloroform in Labor Dr. Jno. H. Claiborne (Virg. Med. Monthly) draws the following conclusions: 1. The process of labor in all of its stages is facilitated by the use of chloroform. 2. The du-

ration of labor in all of its stages is shortened by the use of chloroform. 3. The accidents of labor in all of its stages are less frequent under the use of chloroform. 4. The pangs of labor in all its stages may be entirely, yet safely obtunded by the use of chloroform. In discussing, he says: Nor am I satisfied to assuage that suffering. I abolish it. Chloroform, then, as the bleeders say, ad deliquium animi. I give it to full unconsciousness. Nor have I ever seen it arrest or delay the labor in this stage. I have often thought it gave full play to, if it did not increase the expulsive pains or expulsive efforts at the last. At the same time it relaxes the perineal tissues and diminishes the danger of rupture. I have never, except on one occasion, seen a torn perineum under the full use of chloroform, and that accident occurred from the careless handling of a pair of forceps. I can only account for this fact of muscular relaxation and tissue relaxation under the use of chloroform, and yet with persistent and increased uterine action, on the ground that the diminished sensitiveness of animal function more readily permits, if it does not increase organic or ganglionic action. I have had a patient say to me, "Doctor give me chloroform enough to prevent my feeling the pain, and I can bear down much better. I can't help bearing down." What does that mean and what does that teach? The most striking illustration which I have ever had of this fact, however, I derived from the case of a lady whom I once attended in a state of intoxication. She had had, at a previous labor, a most painful and tedious delivery, and some wise person had told her, that if she would drink half a pint of the best whiskey just as the labor begun, "that she would not get drunk, and yet would not feel her pains." I was called to her about fifteen minutes after she had taken the whiskey, and was told by the nurse what had occurred. She was even then too much under the influence of the potion to speak to me, and soon after was in that semi-comatose condition known as dead-drunk. An examination revealed the os dilating, and every stage and process of labor was consecutively and regularly developed and completed in the space of six hours. And yet, with the exception of uterine dilatation and contraction, and general muscular contraction attendant on the expulslve stage, there was no more manifestation of animal life in the patient than is seen in the delivery of a manikin. Not one cry or sound was made, nor was there the slightest facial expression of pain or of any other emotion, during those long six hours, nor for the six hours following; nor when, after some difficulty, she was finally restored to consciousness, did she remember one single incident of her accouchment, except, that on "a friend's advice she had drunk the liquor, after preparing her bed." I had attended this lady before, and I have several times attended her since, but I have never known her to have so safe and so exceptionally a normal labor as on that occasion. I do not mean, of course, by these remarks, the anæsthetic which she adopted, or to commend the use of anæsthetic to the extent to which she carried it, but to draw the ineviatable conclusion, that anæsthesia, even to the utter abolition of all signs of sensibility, may be safely induced, and that it does not necessarily arrest, or retard the obstetric process. More than this, it does not prevent, but does in my experience incite firm uterine contraction; sometimes to an unpleasant extent in the third stage of labor, therefore diminishing the risk of post partum hemorrhage by expelling uterine clots and facilitating uterine involution. Of course, the exhibition of the anæsthetic ceases with the termination of the second stage, or with the birth of the child, except in cases of puerperal convulsions, where it is again the sheet anchor of the accoucheur. I know of no remedy which can replace it.

Resection of a Part of the Spermatic Cord, according to L'Union Med. de Can., has been practised with success by Dr. T. Haynes and recorded in the Boston Med. and Surg. Journal. We should think that such an operation might be satisfactorily carried out on some of the hopeless cases in many of our insane hospitals.

CONTRIBUTIONS.

TRAUMATIC TETANUS,

Occurring in Sebastian County, with reported Cure of a Case by Fowler's Solution of Arsenic.

BY J. E. BENNETT, M.D., OF FORT SMITH, ARK.

[Read before the State Medical Society of Arkansas at the Eighth Annual Session, held in Little Rock May 30, 31, 1883.

On the 7th day of April, 1874, I saw, in consultation with Drs. Blakemore and Breedlove, a case of tetanus near Greenwood, in this county. The subject was a boy, Frank H., aged nine years. Lock-jaw set in on the 18th day after receiving a wound from an axe which nearly severed middle fore-finger of right hand. The case was not an unusually severe one, although his condition varied from day to day—sometimes resting quietly four to six hours at a time. The abdominal muscles were, however, in a constant state of slight tonic tension, and we naturally hoped for a favorable termination; when on the morning of the 22d day after the injury, or 4th after the lock-jaw set in, he refused to take his medicine, and became excited when gently urged to do so, which brought on a spasm in which he died.

In the treatment, chloroform, chloral, bromdie potass., calomel, purgatives, enemas, morphia, atropia and quinine were given, and their effects closely watched. The body was occasionally sponged with hot water and the spine sponged with ol. terebinthinæ, warm cataplasms being applied to the abdomen. The pulse ranged about 120, and respirations 45 to 50 per minute, temperature 100° to 101½°. The face being almost continuously flushed.

Dr. E. R. Duval, of this place, recently gave me a brief history of two cases occurring in his practice. The first in 1859, W. M., aged twenty-seven, after a slight wound of the face developed tetanus. The spasms were typical and continued for several days, convalescence being established by the tenth day, and the patient recovered. In 1880, W. C., aged fifty, received a slight gun-shot wound of the hand and in ten days lock-jaw ensued, resulting in death on 2d day, or 12th day after the injury. Dr. A. Dunlap, of Fort Smith, also furnished me a memorandum of several cases of traumatic tetanus which came under his observation, all of which, save one, resulted fatally.

In August, 1882, I saw, with Drs. Duval, Main, Bailey and Eberle, W., aged thirteen. She received a slight wound of big toe, and tetanus supervened in ten days, and in spite of well directed efforts death occurred on the third day after the spasms developed.

On or about September 18, 1882, John S., aged thirteen, began to complain of occasional pain in the throat, back, and lower extremities. On September 22d his mother took him to Fort Smith, a distance of nine miles, in a wagon, for examination and treatment by the family physician, a gentleman of well known distinguished medical attainments. The mother thought that there was a partially paralyzed condition of the muscles of the hips and lower extremities, while the doctor suspected tetanus, but was assured that no traumatic cause existed, and idiopathic tetanus being unknown in this section of country, finally concluded that the disability complained of was probably due to an anemic condition of the cord, and prescribed strychnia granules in 1-32 grain doses thrice daily; the druggist, however, substituted pills of 1-30 grain, as he subsequently confessed. At 12 M. of that day the boy took one pill, and in one hour thereafter had great stiffness of the legs and arms, and at 3 P.M. the rigors became severe, but soon ceased. At 7 P.M. a second pill was given, and at 8 P.M. he had three severe spasms, ten minutes apart, after which the paroxysms were interrupted. Next morning, September 23d, a third pill was administered at 6 o'clock, and at 7, one hour afterwards, the spasms recurred in severe form as before. The pills were then discontinued, and Dr. E. R. Duval, of this city, was sent for; urgent professional engagements prevented his answering the call, and at his request I took charge of the case. There had been but slight trismus up to this time, and a differential diagnosis was, I found, no easy task with the lights before me. Dr. Austin Flint, in his clinical lectures, observes that analogous spasms, that is tetanoid or tetaniform in character, occur in other pathological connections, and especially as a toxical effect of strychnia. The patient was given a purgative dose of calomel, and chloral ordered in sufficient quantities to allay pain and produce sleep, if possible. September 24. The trismus now greatly increased, spasms horribly severe, and face expressive of intense suffering; the spasms had become distinctly typical of lock jaw, there being remissions and exacerbations, the temperature exalted, and the face flushed. I asked the mother to assist me in examining the body for former or present wounds, when, for the first time, she mentioned a little forgotten sore near left ankle, from which I at once extracted a splinter more than double the size of a grooved director, and seven eighths of an inch long. This settled all doubts in my mind, and in that of Dr. J. G. Eberle's, who ably assisted me for seven or eight days in the laborious task of treating the case. My attention having been called by Dr. Duval to the report of a case of traumatic tetanus, in the St. Louis Courier of Medicine, successfully treated by the late Dr. Hodgen by hypodermic injections of Fowler's so-

lution, in ten drop doses every four hours, I decided to give it a trial in this case; a hypodermic injection of Fowler's solution, four drops, atropia 1-64 grain, and morphia 1-6 grain, was then given. The introduction of the needle induced a severe spasm, and the mother objected to further medication in that way, and five drops were afterwards given per orum, every four hours, until the toxical effects of the arsenic were apparent. It was then discontinued for about thirty hours, and again given as before, and discontinued when the constitutional effect of the drug was observed, etc., dialysed iron and the arsenical solution being exhibited alternately. No marked favorable change was observed in his condition until the toxic effects of the arsenic became manifest. The pulse averaged from 120 to 138, respirations 124 per minute, and temperature 90° to 101¾°.

The continuous abdominal spasm was the last tetanic symptom to subside, and the case was discharged as convalescent on the 6th day of October, 1882, or on the eighteenth day after tetanus developed. During the treatment he took as much as 15 grains of chloral hydrate at a dose, and 30 grains within an hour, averaging 4½ grains per hour, or 108 grains every twenty-four hours during the continuance of the tetanic spasms, besides about 1-3 grain of acetate morphia and 1-32 grain of atropia sulphas daily.

This case, to me at least, is unique when taking into consideration the obscurity which at first hung around it, rendering an early diagnosis uncertain, if not impossible, and it is a question whether the strychnia was a causation, directly or indirectly, in developing the already latent tetanic condition. I believe that it was. I am also of opinion that the arsenic was a cogent factor in the successful struggle of nature over disease in this case.

STAINING BACILLUS TUBERCULOSIS.

BY T. J. BURRILL, CHAMPAIGN, ILL.

I have lately used, with much satisfaction, the following stain instead of the alcoholic solutions heretofore recommended:

Glycerine, 30 parts; fuchsin, 3 parts; aniline oil, 2 parts; carbolic acid, 2 parts.

The fuchsin is the common red aniline or magenta of the drug stores. All readily dissolve or mix in the glycerine, but should be well shaken. This stain can be kept in stock any length of time without deterioriaton. When wanted for use put about two drops into a watch glass full of water and slowly stir. The color should now be a light cherry-red, much too dilute for writing ink. Dry (with heat) a thin layer of suspected sputum on a microscopic cover glass, and immerse in dye for half an hour at the ordinary temperature of an occupied room. Or if quicker results are desired, boil a little water in a test-tube, and let run down the side of the tube about twice the proportion of the stain before indicated, gently shake and pour the hot liquid into a wide mouthed dish (a small pomatum pot is convenient) and immediately immerse the smeared coverglass two minutes, without further attention to the temperature.

After either plan, decolorize with nitric or hydrochloric) acid about one part to four of water, which may take one minute; wash with water and examine with a power of at least three hundred diameters —one-fourth inch objective—paying good attention to the illumination. If desired, the stroma can be stained, after washing as above, with aniline blue dissolved in glycerine, by simply putting a drop on the cover and after a minute or so washing with water. Examine in water or dry and mount in balsam.

This glycerine solution of the red dye is in every way more easily handled and is less liable to vexatious details than the alcoholic preparations heretofore recommended. The results are at least equally as good. For the purposes of diagnosis the time required need not be more than ten minutes, though for permanent mounting it is better to use the slower process.

A considerable number of examinations show a marked correspondence between the number of the bacilli present and the severity of the disease.

THE IMMEDIATE OPERATION FOR LACERATION OF THE PERINÆUM.

BY E. C. DUDLEY, M.D.

[Abstract of a paper read before the Chicago Medical Society and reported by our Special Stenographer.]

The essayist briefly reviewed the unsatisfactory results commonly incident to the primary operation, and assigned, as reasons therefor, faulty methods of operation, the failure to distinguish between the different varieties of rupture, and consequent failure to apply the proper treatment to each variety. The use of superficial instead of deep sutures is a potent cause of bad results. A large number of perenei examined by the author some months after the immediate suture showed almost universal lack of union in the deeper muscular and connective tissue structures of the perineum; union in these cases being mostly confined to the cutaneous and subcutaneous tissues of the region. Two forms of rupture were mentioned: first, the form commonly accepted in which the perineal body is separated into two parts—one retracting to either side of the vaginal, outlet, which requires simply application of sutures from side to side, at right angles to the line of rupture, commencing with the first suture at the vaginal extremity of the rupture, and the last at that extremity nearest to the anus. Another form, however, was described, and this description

constitutes the original part of the paper, in which the tissues have to be approximated from three directions, instead of two. This form commences as a transverse rupture of the perineum, extending from side to side, and in its commencement is confined to the vaginal portion of the perineum. It is in fact the commencement of the so-called central rupture, which rarely goes on to completion, and complete perforation of the perineal body; so that the child tears its way through the perineum and passes out somewhere between the vulva and anus. Generally this central rupture is arrested before completion at right angles to the incomplete central rent, and retracts to either side. This rupture takes the form of the English letter T—the cross being on the vaginal side, and the staff being on the cutaneous side of the perineal triangle. The sutures here must be so placed as to draw the tissues of the cutaneous sides together from side to side, and this would require the sutures to be placed from side to side. But the vaginal sutures, having for their object the drawing forward of the torn surfaces which had retracted towards the inner extremity of the vagina, must be placed antero-posteriorly, having their points of entrance near the posterior commissure of the vulva, and their points of exit on the inner margin of the vaginal portion of the rupture.

Another original point of practical importance has reference to the fact that perineorrhaphy so commonly results in the formation of a perineum, which,although of proper form, is found abnormally small for involution. To meet this difficulty the author denudes a narrow strip all around the torn surfaces, about three-sixteenths of an inch in width, somewhat narrower in the cutaneous than in the vaginal portion of the rent. This has the effect of slightly increasing the extent of the torn surfaces, and making a perineum which, although larger at the time of the operation, is found to be of normal size after involution. The surfaces thus denuded always unite more firmly, and more readily than the roughly torn surfaces. The author also denied the commonly accepted opinion that the primary operation is less difficult than the secondary, and expressed the opposite opinion.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Chicago, Nov. 19, 1883.

A regular meeting of the Chicago Medical Society was held on evening of above date in Parlor 44, Grand Pacific Hotel.

President Dr. D. W. Graham in the chair.

There was an unusually large attendance. In the absence of the Secretary, Dr. L. H. Montgomery, Dr. Jas. E. Henderson, upon the request of the society, was nominated by the chair to the position of Secretary pro tem.

Drs. Robt. H. Babcock and W. L. Copeland, upon recommendation of the Board of Censors, were unanimously elected to membership.

Dr. Mary J. Mergler was proposed for membership, and her application referred to the Board of Censors.

Prof. E. C. Dudley, of the Chicago Medical College, then presented a paper, entitled: The Immediate Operation for Laceration of the Perineum. (See abstract under "Contributions.")

The reading of the paper was interspersed with verbal explanations as to the method of procedure, and the precautions to be taken to avoid pernicious results. The author of the paper observed that synovitis of the knee-joint was discovered in a case in which he performed the operation, and for which he could assign no other explanation than that advanced by Dr. Webster, of Evanston, who attributed the resulting synovitis to the weight put upon the knee by the assistants while holding the patient. Dr. Dudley further observed that he had used a mattress and oakum in place of the ordinary rubber sheet, to the great comfort of the patient; iodoform, by means of the ordinary rectal spatula and tube, placed in position against the surface, kept the entire vaginal surface clean and safe from sepsis that might arise. The douche in the after treatment he administered for at least eight days. The first three or four days immediately after the operation the patient has been catheterized. It seems better to omit catheterization if the patient can get along without it and pass water herself with no resort to artificial means. Sometimes patients under treatment have taken cold while giving the douche. One of my nurses protects her patients by winding a small blanket around their limbs, leaving the parts to be dressed perfectly exposed, while the rest of the body is protected. The position which I have adopted is the one recommended by the most eminent authorities—on the back, and not in the lateral position. In my own practice I have removed the sutures on the seventh day; in some cases sooner, in others later. Anodynes in successful cases will be found to be needed very little. I think too that a perineal laceration immediately closed will require less anodyne remedies than one not so closed, because as union takes place the irritation in the wound and ruptured tissue is much less than when the wound is left open. It is surprising that the patient,with careful, judicious treatment, will get along so much better under the immediate operation than when the operation is performed as it is ordinarily.

Dr. Randelt.—Mr. Chairman: I am particularly gratified that Dr. Dudley has brought this matter of faulty union, incomplete union, prominently before the society. I have, in some cases, been struck with the necessity for something more than we have gained by the immediate operation. My experience has not been extensive enough to give you any definite conclusions about the matter. I would like for Dr. Dudley to explain himself more fully in regard to frequency of the transverse rupture, method of union, the influence of cicatricial tissue.

Dr. Thompson.—I don't understand why Dr. Dudley objects to deferring this operation two days after labor. I must have misunderstood him. According to my experience I have in much longer time after the operation for laceration placed the knees together, ordered the nurse to keep the parts clean with carbolized douches, to take all necessary antiseptic precautions, and have had perfect union. I have again known cases in which union was obtained, but where it occurred irregularly; where there was not perfect approximation of the part; where the edge of the mucous membrane of the external surface would be perhaps attached to a quantity of the muscular tissue; but it yet made good, firm union. I cannot say whether there was any trouble to the surface. It would of course be too late to leave the parts until well. I don't understand fully as to the position in which he places the patient. It seems to me that the patient can be placed in different positions, on the side or back, but always with gentleness.

Dr. Engert.—If the laceration is found to be very deep, if it involves the rectum, I don't think any person should perform the operation. I should not want to expose the patient to an operation like this at that time. I would let her wait two months. I should like to know whether Dr. Dudley would operate under any circumstance after confinement, no matter how deep the rupture? I lately had a case where there was a laceration in three different places, sidewise up into the vagina, about an inch into the rectum, and in the perineum proper towards the right side. It was in the case of a woman with her tenth child. I don't think it would be practicable to perform an operation right after her confinement. I think the parts were so much bruised that it would endanger success in operating upon her. Three months afterwards I performed an operation with perfectly good results, and I maintained these good results from the time of her confinement up to the present.

Dr. Ingalls.—It is perhaps presumptuous for me—a general practitioner—to engage in this discussion, for what can I hope to add to what has already been said on a subject that has been so fully treated by those who make a special study of gynecology. Yet, I think, there are some useful practices relating to the management of peritoneal laceration that have not been alluded to. I will say in advance that I am conservative in my views, both in the profession and out of it. I do not easily relinquish old practices. I think the profession are inclined to trust too much to things because they are novel, and about which we hope more than we know; and to reject measures whose usefulness has been demonstrated by long experience. The past history of our profession is full of treasures that have been discarded, and that lie neglected all along its pathway. For many years I have attended such a number of obstetric calls as naturally falls to the lot of a general practitioner. Of course, I have seen a good number of perineal lacerations. I will tell you what I have not done for them; and the results. I have not bound the limbs together, I have not required the patient to lie on her side, but have allowed her to take the position that she found to be most comfortable. I seldom tell her that anything is wrong. If the laceration is extensive, I may say to the nurse, the "skin is a little torn, see that the parts are kept scrupulously clean." No woman that I ever attended has had the primary operation performed, nor do I know of one who has had it done secondarily. I don't believe that any one of them would have been benefited by either operation. I can recall but a single case that required anything except cleanliness. This was a primipara, in whose case a severe labor and instrumental delivery resulted in extensive laceration. The wound did not heal kindly, and I stimulated the granulations by a few applications of nitrate of silver. She has since borne a number of children in rapid succession, and has had excellent health. I have cases of laceration that have remained under my observation twenty-five years, and they have experienced no trouble from it. I have had no case that I think would not have been injured by the primary. This operation must give the patient some shock and inconvenience, and it may increase her septic dangers, and all this when she is just emerging from the pangs and perils of labor. One half of the cases of confinement in Chicago are attended by midwives, and I do not suppose any of them have the operation performed. I have consulted a number of the older practitioners of this city, and they all manage their cases just as I do mine, and they are rewarded with like results. We should not forget how well the lacerated perinæum will do when left to the reparative processes of nature alone. I am embarrassed in not being able to assent to the teachings on this subject of eminent gynecologists, but I should feel that I had done less than my duty if I had neglected to say a word in behalf of the poor women who bear our children.

Dr. Harcourt.—My own experience has been rather limited. For seven or eight years I think I never met a case of rupture of the perineum. I said to some of my neighbors, I have never had a ruptured perineum in my practice. I was cautioned to examine the patient after confinement; heeding the caution, and examining carefully, I have found quite a number. For the last three years I have operated in every case where I was permitted; what might be called the immediate operation. In some cases I have delayed twenty hours, not later. In every case I have obtained union by the first intention. Dr. Ingalls speaks of alarming a patient by telling her a serious accident has occurred. It is not my practice to tell the patient in a way to alarm her. I have practiced the method spoken of by Dr. Dudley, of paring the edges of the laceration. I have always used the deep suture, adopting the method of Dr. Thomas, and passing the sutures completely beneath the laceration. Whether it was the extreme care I used after the laceration, or the method of operation, by which I was enabled to obtain such good results, I cannot say. I have had one case of this central laceration, and only one. This occurred eight years ago. The labor was quite easy; the child was small. I was astonished to find a laceration. On examination next morning I found a small perforation, closer to the vaginal outlet than to the rectum. In that case I did nothing but use a mild application of nitrate of silver, so as to favor healing of the wound, and it proved a success. I think the danger of septic poisoning is overestimated. A year ago last month I was suffering from inflammation of the eyes; was called upon to attend a woman in confinement; the child was very large; the head was born without any rupture of the perineum. The cord was twisted around the child's neck, and I made an attempt to draw the cord down so as to save the child from pressure. Pains coming on suddenly, the body was forcibly expelled, and tore the perineum completely through in the anterior half, three-quarters of an inch. I was in no condition to make an operation. I summoned a brother practitioner, who kindly consented to make the operation if the patient didn't object. Her friends, however, refused. She neglected every precaution in regard to cleanliness, and yet the woman made a good recovery. She came to my office afterwards and complained that she could not retain fæcal matter, but appeared to be in good health. Now, that was a most favorable case for blood poisoning. All the surroundings were most favorable. No measures were taken to keep the parts clean at all, and yet the woman made a good recovery. I am in favor of the immediate operation in almost every case, and in almost every case the woman has had good success.

Dr. Seeley.—I would like to ask Dr. Dudley if he places the patient on the side. I understood that he has the patient on the back during the operation, but I don't understand how he fixes the patient afterwards. I will give my own experience while I have the floor. I have succeeded in producing very good results, simply by placing the patient on the side, fixing the limbs together, closing the parts, keeping them in apposition for a few days, and observing strict antiseptic precautions.

Dr Dudley.—The question of the first speaker, as to the frequency of this transverse rupture, I am unable to answer that question, because my experience has not covered a sufficient number of cases to make my answer worth very much. Within the past year, in my service at Marcy Hospital, I have seen four or five that were torn in that way. I have met with two cases in private practice. I think that form of rupture is quite common. I think incomplete central rupture of the perineum is the form in which it most frequently occurs. I have noticed cases in which central rupture has occurred, and in which the posterior commissure has not been ruptured at all. Under these circumstances the rupture is always overlooked, unless very careful examination is made with one finger in the vagina, and one in the rectum. If Emmet's idea is not very much the best, the basis of the idea may rest in the fact that in incomplete rupture the transverse variety is the most ordinary form of rupture. I don't know whether this is the case. When that form of rupture does occur, the rupture is transverse, and the perineum divides in front, so that the parts go to either side, and the shape of the wound is like the letter T. The question was raised with reference to denuding a small strip. A string which shortens to half its length would not be as short, as a string twice as long shortens to half its length. Moreover, I don't say that after contraction of the cicatrix, that that was the cause of the small perineum. I merely mention it as a possible cause. Dr. Thompson asked if I would operate two days after laceration occurred. I should, or operate sooner. If not called sooner, I should operate on the strength of my experience in one single case. As to the position, my own preference is the dorsal position, with the thighs flexed, and a a small roll placed under the knees. (?) I think this is the best position for the patient. There is no objection to placing the patient on the side, and then again assuming the dorsal position. The patient generally finds the latter the easiest position. I always place a bandage around the knees and legs to keep them constantly in the same position. My experience in the primary operation for complete rupture through the sphincter ani muscle, is confined to one case in which union occurred apparently. The union of the perineum was pretty good, but not so good if a better operation had been per-

formed. There was a slight recto-vaginal fistula left. The patient has had several children since. I think I would make the statement in general, that I would operate almost in every case of ruptured perineum. I don't think I would operate in every case of ruptured frænum. Especially if the rupture involved the deeper structures of the vaginal portion, I would operate in every case. If Dr. Harcourt in his operation examined every one of his cases afterwards to see whether the deeper structures of the perineum were solid and united, then his results have been very excellent, and he must have done good work, and he undoubtedly did good work. Where rupture occurs through sphincter ani muscle, in a majority of cases union does not take place. Cases are on record in which union of the sphincter ani muscle has occurred. There are cases in which the internal sphincter muscle has been equal to the retentive needs of the patient. On the subject of the curved needle: The needle used by Thomas Emmet, and those operators I have observed, has always been the straight needle. The reasons for which they prefer the straight needles are the following: A straight needle can always be introduced in such a way as to know where the point of the needle is; you know its length. The curved needle is much longer, makes a larger incised wound, creates after every suture a considerable wound. The straight needle is perfectly round, and makes a small, punctured wound. There is an unnecessary amount of damage done with the curved needle, whereas the straight needle causes the least possible damage. This central transverse rupture is one in which it is difficult to see how the parts can be kept in contact by tying the knees together. The tissues contract afterward. Tying the knees together would have no influence at all with the vaginal portion of the wound, neither would sutures passed through the cutaneous surface of the wound. Only sutures passed in the axis of the vaginal outlet could, under these circumstances, bring that torn tissue down to the place from which it was torn.

A paper on "Glycosuria, its Complications and Treatment," was then read by Dr. Oscar C. De Wolf.

The discussion on this paper was deferred until next meeting upon motion of Dr. J. G. Kiernan.

On motion of Dr. Ingalls, Dr. F. E. Wadhouse was requested to present his paper at the next meeting.

Dr. Edmund Andrews, from the Committee on Library, reported that the committee, after carefully thinking over the matter, thought it would not be best to materially modify the original plan, and therefore the committee would beg leave to report the resolutions in the form in which they were when previously proposed. He stated that the committee had a conference with the library board, and that they stood ready to receive and take care of all such books as we shall place there on condition that the books are to be presented to the library and not simply deposited there. Dr. Andrews moved a passage of the resolutions reported a last meeting, concurred in, and on motion of Dr. W. E. Clarke the report of the committee was accepted and adopted. A library committee was then ordered, upon motion of Dr. Andrews, and vote of the society. The chairman appointed the following library committee: Dr. E. Andrews, Dr. Oscar C. De Wolf, Dr. F. C. Holtz.

Dr. Jas. G. Kiernan.—I wish to call the attention of the society to another matter. Many of the laws relating to the medical profession in this state are in a very unsatisfactory condition. Any member of the society may be compelled to reveal the secrets of his patient on the witness stand. For this and similar reasons, I move that a Committee on Legislation be appointed to determine what measures are needed to remedy existing laws in regard to medical legislation. The motion prevailed, the chair announcing that he would appoint a committee at next meeting.

The society then adjourned.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Dr. Seiler read a paper on the Pathology of Phthisis and its Laryngeal Complications, in which he gave his views regarding the pathology of tuberculosis and of phthisis, and of the laryngeal complications of the two diseases. He defined tuberculosis as an auto-infectious disease, manifesting itself primarily by the production of minute neoplasms called miliary tubercles, which rapidly undergo retrograde metamorphosis, ending in caseation, being due to the dissemination of infectuous material throughout the lymph channels. This infectious material consists in cheesy matter due to scrofulous inflammation, which may remain encapsulated for a long period. He then described the histological characteristics of tubercles, and showed how they could produce consolidation of the lung tissue by exciting secondary inflammation.

The doctor then entered upon the consideration of the disease known as phthisis, and gave the following definition of it: Phthisis is a progressive consolidation of the lung tissue, due to a more or less localized inflammation affecting primarily the apices and undergoing retrograde metamorphosis; it is an inflammatory disease. He then gave a description of the pathological processes as they are observed in the lung tissue during the progress of the disease, and gave it as his opinion that the different forms and stages of phthisis, as they are de-

scribed by many authors, are merely differences in severity and extent of the ulcerative process. As ætiological factors, he mentioned the various causes which produce a lowering of the vitality of the general system, thereby producing a predisposition on the part of the respiratory organs to chronic inflammation; among others he named heredity, peripheral nerve irritation, hypertrophic nasal catarrh, insufficient æation of the blood, etc. An elevation of the vitality of the system at large would prevent an outbreak of the disease, or lead to recovery in cases where not too much lung tissue had been destroyed. This elevation was to be produced by proper feeding and healthful exercise in the fresh air, more than by the exhibition of drugs. On the other hand, tuberculosis was always fatal, and treatment was of no avail, but a great deal could be done to prevent the formation of the initial formation of the cheesy deposit by elevating the system of scrofulous patients early in life, thus preventing the outbreak of tuberculosis later.

The laryngeal complications of both diseases were considered in detail, and their differences pointed out. So, according to the lecturer, the laryngeal lesions never appear prior to the lung disease in phthisis; they are characterized by a peculiar pallor of the mucous membrane; the tumefaction generally affects the posterior portion of the organ, and the ulcerations are shallow and have a tendency to spread on the surface, and tubercles or cheesy deposits are never found in the tissues of the larynx in phthisis. In tuberculosis, on the other hand, tubercular deposits have been found in the larynx prior to the lung complication, the mucous membrane is of a livid red color, the tumefactions are more commonly observed in the anterior portions of the larynx, and the ulcerations are deeper, with raised edges, and often extensive destruction of tissue.

The paper closed with the remark that the indiscriminate use of the terms phthisis and tuberculosis, when speaking of lung disease, in our literature was calculated to mislead the student and make careful investigation into the pathology and ætiology of these diseases extremely difficult, if not impossible.

Dr. J. C. Wilson, being called upon by the president, said that he had listened with interest to the reading of the paper. The field covered by the writer is too great to permit the points to be discussed in detail. Two points, however, appeared to warrant comment. First, Dr. Seiler had several times used the expression, "tubercular material not derived from the exterior." If he had understood the paper aright, Dr. Seiler had not indicated his views as to the nature and source of this "tuberculous material." Does he follow the older doctrin , that of Bahl? or has he some new opinion as to the etiology of tubercle? Secondly, Dr. Seiler failed to make clear his means of recognizing tubercle either clinically or in the laboratory. It would be of interest to have the writer's views upon this vexed question. In a recent work, Hamilton, of Aberdeen, again seeks to establish a histological criterion for tubercle—the presence of giant cells under a peculiar arrangement. This pathologist points out two modes of degeneration for tubercle: 1. Caseous. 2. Fibroid. To the later Dr. Seiler makes no allusion.

He thought further that the author of the paper had scarcely emphasized with sufficient force the presence of tubercle among the lesions in the various forms of phthisis, as seen in post-mortem examinations.

He heartily concurred in the hopeful views as to the curability of certain forms of chronic lung disease when treatment is instituted at an early period. Nothing had exerted a more unfavorable influence upon the therapeutics of such diseases than the false view that the constitutional tubercular diathesis invariably antedates the local lesions of pulmonary consumption.

Dr. F.P. Henry remarked that Dr. Seiler's paper was so comprehensive that he found it impossible to refer to more than a few of the points contained in it. He was not inclined to draw so broad a line of distinction between that form of pulmonary disease in which miliary nodules predominate and that in which the deposit is in larger caseous masses. Like Dr. Seiler, he was by no means convinced of the primary importance of the bacillus as a cause of tuberculosis, but was inclined, however, to attribute to it a prominent part in the production of the secondary symptoms of phthisis, those of systemic infection, which are largely septic in character. The symptoms of interference, with oxidation caused by even extensive destruction of pulmonary tissue, are subordinate to those of systemic infection caused by the absorption of the contents of cavities. The presence of the bacillus in the contents of these cavities is indispensable to the production of changes capable of producing this systemic infection. A small ulcerating cavity communicating with the absorbent vessels is more disastrous in its effects than larger cavity shut out from the absorbents by a lining membrane or wall of fibroid tissue. He understood Dr. Seiler to deny the existence of the giant cell, and to make the statement that cross sections of blood and lymph vessels have been mistaken for it. He did not agree with Dr. Seiler in this view, but thought the irregular contour of the giant cell and its granular protoplasm were sufficiently characteristic. Additional evidence of the existence of this cell was furnished by the experiment of introducing beneath the skin of an

animal two thin glass covers fastened together. In the interspace of the glasses giant cells have been found, and in such an experiment there can be no question of the cross section of vessels. Dr. Seiler had several times referred to what is known in this city and elsewhere as Formad's theory of tuberculosis, which is that in certain animals predisposed to pthhisis, and presumably in some human beings, the lymph spaces are abnormally small, or, in other words, that in a given area of tissue there is to be found a greater number of endothelial cells than in non-strumous animals. Dr. Henry did not think this theory should be so extensively quoted until some more serious attempt had been made to establish or refute it. This might, he thought, be readily done by counting the cells in a given area of the tissue of strumous animals, and comparing their number with that contained in the same area of tissue of non-strumous animals. He did not think any greater difficulty would be met with in this attempt than has been successfully encountered in the enumeration of the blood cells.

Dr. Bruen said that he believed in a hopeful prognosis in the early stages of many varieties of phthisis; even when the process of phthisis was advanced, the management of cases was more successful when the lesions are localized; less advanced lesions are more grave when the lesions are widely disseminated. Dr. Bruen thought that it had been proven that phthisis could be produced by inhalation of inorganic irritating particles, especially if there was inherited predisposition to phthisis, or an artificially damaged constitution. May not bacterial elements be among the irritants capable of developing phthisis when inspired in large numbers? and he thought they might be even more capable of creating damage than inorganic material, because they possess the power of proliferation. Dr. Bruen agreed with Dr. Seiler in his views in the main, and considered his paper most instructive and interesting.

Dr. Mills thought it worth while to note the frequent occurrence of tuberculosis among those afflicted with chronic nervous and mental diseases. At the institutions for the Feeble Minded and Insane, phthisis or tuberculosis is a common cause of death. This fact, he thought, would lend support to the views of Freund rather than to those of Koch.

Dr. J. T. Eskridge had observed that some who had participated in the discussion referred to the views of the pathology of tuberculosis expressed in the paper of the evening, and to those entertained by Dr. Formad, in order to prove the same thing. He regarded the theories of each of these men as widely different. If tuberculosis is the result of inflammation in a person whose lymph channels are abnormally narrow, as claimed by the letter, he could not see that phthisis differed from tuberculosis as maintained by the former. In regard to tuberculosis, being frequently developed in chronic diseases of the brain and cord, throwing light on the pathology of the former, he thought the association of these diseases proved nothing more than that a prolonged period of lowered functions of the body was a favorable condition for the development of tuberculosis. He confessed that he did not know what to believe with reference to the pathology of tuberculosis; enough, to his mind, had not been proved to firmly establish any theory yet advanced so that it might be accepted as a positive fact. Dr. E. agreed with Dr. Shakespear in demanding more pathological investigation, following the clinical observation of the disease, before he could accept any view as positive of the pathology of tuberculosis. Dr. E. called attention to the fact that many of the best clinical observers of large experience, such as Flint, Da Costa and Hughes Bennett, considered tuberculosis and phthisis to be identical.

Dr. Davis asked Dr. Seiler if he taught that tubercle was caused by a cancer focus? He was answered, Yes. It is important to know whether this is the case or not, as the German surgeons excise caseous glands not so much for the deformity they produce as to obviate the liability to general infection. Would Dr. Seiler sanction this practice? As regards the possibility of cure, he believed with Koster, Billroth and Koenig, that tubercle is a local affection and not a general disease. He has seen as marked tuberculosis in the knee as in the lung; the miliary tubercles being within an eighth or quarter of an inch of each other. He has also seen tumor albus of the knee recover without operation. If the tuberculosis can get well in the knee, he believes that it can in some cases get well in the lung also.

SELECTION.

A CASE OF FEMORAL ANEURISM.

Treated by Injection of Fibrin-Ferment, and Subsequently by Ligature of the External Iliac Artery.

[Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Liverpool, Aug., 1883.]

BY F. A. SOUTHAM, M.B., OXON, F.R.C.S.

[British Medical Journal.]

Thos. H., a strong, healthy-looking man, aged 38, a striker by occupation, was admitted into the Manchester Infirmary on November 2d, 1882, suffering from aneurism in the upper part of the right thigh.

He had always enjoyed good health, and there was no history of syphilis, but he had for some time

been in the habit of taking large quantities of drink.

Twelve months previously he noticed a small lump in the upper part of the thigh; this had continued of small size until about a fortnight previous to admission, when it suddenly began to enlarge and feel extremely painful. On examination, a pulsatile swelling about the size of an orange could be felt in the upper part of Scarpa's triangle, corresponding in position with the commencement of the superficial femoral artery.

The symptoms characteristic of aneurism were well marked; the pulsation, which was of an expansile nature, could be readily stopped on compressing the artery against the brim of the pelvis, at which point the vessel could be felt to be considerably dilated. A bruit could be heard over the tumor, and a distinct thrill could be detected on laying the hand upon it. Pulsation could be felt in the posterior tibial artery, though not so strong as on the opposite side. The patient was confined to bed, and intermittent pressure was kept up by means of weights and tourniquets for about a fortnight, but without any apparent benefit.

On November 18th, I determined to try the effect of a plan of treatment which has been suggested by Dr. Arthur Gamgee in cases of aneurism—viz., the injection of a solution of fibrin-ferment into the interior of the sac.

A solution was kindly prepared by Dr. Gamgee, and, with his assistance, one drachm was injected in the following manner: The patient having been anæsthetised, the flow of blood through the tumor was completely arrested, digital pressure being made on the artery above the aneurism, and an Esmarch's elastic tourniquet being tied tightly round the middle of the thigh below. The solution of fibrin-ferment was then injected into the aneurism, and the circulation through it was arrested for thirty minutes. At the end of this period all pressure was gradually taken off the vessel above and below, and the blood was allowed to slowly re-enter the limb.

On examining the tumor, it was found that no appreciable change had taken place in the aneurism itself, though pulsation had entirely disappeared in the vessels below—viz., in the popliteal and both tibial arteries. The following morning the condition was exactly the same, but towards evening (*i. e.*, thirty hours after the operation) the pulsation returned, and could be distinctly felt in both vessels.

I have no doubt, therefore, that the effect of the injection was to cause partial coagulation of the blood in the tumor, but, on the re-establishment of the circulation, the clot, which was not sufficiently firm, was carried on by the blood-stream, and became temporarily arrested in the distal portion of the vessel, where it was afterwards broken up and washed away by the blood.

The patient was then left alone for some days. On November 26th, as the tumor appeared to be increasing in size, and was becoming more painful, it was determined to ligature the external iliac artery without further delay; and preparations were made for performing the operation the following day; but the same night, about 2 A.M., the patient was suddenly seized with excruciating pain in the upper part of the thigh, and the house-surgeon, on examining the tumor, found that the sac had given way, and the aneurism had become diffused. I was accordingly sent for; and, meantime, digital pressure was kept up on the vessel above the aneurism. On arriving at 3 A.M., I found that the swelling had lost its defined shape and become diffused over the upper part of the thigh, which was very much increased in size; pulsation, though very much less distinct than before, could still be detected, extending over the whole of the swelling. The limb was slightly colder than the other; no pulsation could be felt in the popliteal or tibial arteries; the patient was extremely collapsed, and complained of severe pain through the limb.

My colleague, Mr. Wright, who had kindly accompanied me, agreed that the best plan of treatment would be to ligature the external iliac artery, and this we at once proceeded to do. The operation was performed in the usual way, with antiseptic precautions; and not the slightest difficulty was experienced in exposing the vessel, which was secured with two chromicised catgut ligatures, placed close together, about an inch and a half above Poupart's ligament. Contrary to what we expected, the vessel was apparently quite healthy at this point. The ligatures were cut short, a drainage-tube inserted, and the wound closed and dressed according to the Listerian method.

As regards the after-course of the case, recovery took place without a single bad symptom. The temperature never rose above 101.4°; and the wound readily healed, with very little suppuration. The effused blood rapidly became absorbed, and there was never the slightest indication of any tendency to gangrene, though, for a time, the limb remained considerably colder than the other.

The patient was allowed to leave his bed on February 1st; and on February 26th was discharged to the Convalescent Hospital at Cheadle, being then able to get about on crutches. At the time of discharge, the greater part of the effused blood had become absorbed, and there was very little difference in the size of the two thighs; no pulsation could be detected in either the popliteal or tibial arteries.

When last seen, at the end of May, the patient

had recovered complete power over the limb, and was going about, following his usual occupation.

REMARKS.—The treatment of ruptured aneurism is always one of considerable difficulty; various plans may be adopted.

1. Compression of the vessel above the aneurism. —This method has proved successful in certain cases of ruptured popliteal aneurism (Poland, Guy's Hospital Reports, third series, vol. vi.); but in the present instance it was inapplicable, as it could only have been applied by digital pressure, and means for obtaining this were not at hand.

2. Cutting down on the aneurism, turning out the clots, and ligaturing the vessel above and below the sac ("the old operation").—This plan of treatment is recommended by Mr. Holmes (Lectures on the Surgical Treatment on Aneurism, British Medical Journal, 1874, vol. i., p. 828) in the case of ruptured aneurism in the thigh; but it would, I think, have been an extremely difficult operation in the present instance, when we consider the condition of the surrounding soft tissues, viz., extensively infiltrated with blood. Moreover, the artery would probably have been found diseased in such close proximity to the aneurism, and therefore incapable of holding a ligature.

3. Amputation of the limb.—Amputation of the thigh below the hip would, I think, have been unsuccessful, for the patient was extremely collapsed, and the additional shock of a serious operation would, under these circumstances, have probably proved fatal.

4. Ligature of the main artery at a distance above the aneurism.—This was the only method which appeared to offer any chance of success; and, at first sight, this was apparently slight; for the probability was that gangrene of the limb would ensue, owing to the extravasated blood pressing upon the femoral vein, as well as on the anastomotic vessels, and in this way preventing the establishment of the collateral circulation.

The result, however, proves that, even under these unfavorable circumstances, viz., rupture of aneurism with extensive extravasation of blood and ligature of the main vessel above the tumor, the collateral circulation may be sufficiently powerful to maintain the vitality of the limb.

The treatment of aneurism by injection of fibrin-ferment is well worthy of a further trial; but in another case it would no doubt be advisable to inject a larger quantity of the solution, and, at the same time, to keep the flow of blood through the tumor completely arrested for a longer period, in the hope that a coagulum might be formed, sufficiently firm to resist the force of the blood-stream on the re-establishment of the circulation through the limb.

TO THE NEW YORK Medical and Surgical Society, Dr. Alfred C. Post related a case of cicatricial contractions from a burn, which bound the arm firmly across the chest. (Med. and Surg. Reporter.) Free incisions were made in the cicatricial tissue, and subnitrate of bismuth was dusted on the wounds from a pepper-box at each dressing. Exuberant granulations were kept down, while there was but little inflammation or suppuration. In other cases he has found it to control the amount of granulations from burned surfaces.

THE JOURNAL D'HYGIENE REPORTS that Dr. Belvousoff, of Charkow, Russia, has used artificial urea (carbamide) as a remedy for intermittent fever in place of quinine. (New Remedies.) It is almost tasteless, and does not depress the nervous system. In Southern Russia, the peasants have used urine as a febrifuge for centuries; this has suggested the rational use of urea to Dr. B.

THE NUCLEUS OF A THROAT AND CHEST hospital, according to the European plan, has been located on Peoria street, Chicago. Persons who are able to pay for the services of a physician will not be admitted. The out-door department for the treatment of patients will be ready by the first of December. We see among the names of those associated with it Dr. E. F. Ingals, and further information can doubtless be obtained of him.

CHLORATE OF POTASSIUM in fine powder is said to yield excellent results when dusted over the surface of ulcers and ulcerating epitheliomata. (Canada Lancet.) The surface should be cleansed and the powder dusted thickly on twice a day. This, it is claimed, relieves pain and promotes healing.

BELLADONNA.—Minim doses given every half hour is a good remedy in nasal catarrh and bronchitis, accompanied with free secretion. Owing to its tendency to cumulative effects, it should be suspended for a time after eight or ten doses are given. Thus administered, it retards the exudation of serum and sustains the heart's action in pulmonary œdema.

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IN COMMENTING ON THE DISCUSSION upon typhoid fever before the New York Academy of Medicine the Med. Record says: It was a curious fact, noticeable in the discussion, that the speaker approached the etiology of the disease with a respectful reserve, and neither Liebermeister's drinking-water-sewer-gas-privy-vault hypothesis nor the later English milk-contamination theory offered attractions that made any one feel willing to risk breaking a lance in its favor. This state of mental reserve is unquestionably favorable to the development of light on the question of etiology. Dr. F. P. Kinnicut, in the discussion on the same subject, said: Sir William Jenner has suggested that a potent and not uncommon cause of constipation in typhoid fever is to be found in a deep ulceration of one or more of Peyer's patches. With all due deference we would suggest that the constipation may be a cause of the ulceration instead of its result. At any rate we were glad to find further on in the discussion that Dr. K. states: So far as observations go, they would indicate that constipation in typhoid fever is always a positive evil; and he believed often of dangerous import to the patient. This fact has a practical bearing in our treatment. In his own judgment, laxatives, however mild, are contraindicated after the first few days of the disease. Small enemata are far safer, and will answer every purpose. Small enemata, frequently repeated if necessary, are safer than large ones given at longer intervals. We should be disposed to take the ground that in every case of typhoid fever enemas are indicated, and are convinced that a judicious employment of the syphon both for introducing and withdrawing the fluid, after the fæces have been expelled, would give excellent antipyretic results. Even our advanced physicians are slow in appreciating the general hygiene of the rectum and colon. Only a few moments ago an acquaintance was relating to us his recollection of a week's sickness, the substance of which is as follows: General malaise—no appetite—had taken nothing but medicine for a week—to furnish support (!) doctor ordered beef-tea per rectum—bowels moved and patient gets well immediately.

DR. NEWMAN HOLDS in regard to the mechanism of erection of the penis that normal erection is under the influence of the nervous system (Planet). From the peripheral end an independent origin is in the spinal nerves, and has been traced upwards into the cerebrum. Eckhard's experiments on dogs are very instructive and prove the above. After dividing the spinal column above, he caused erection by applying electricity to the lumbar nerves. This will prove that we have a middle centre in the lumbar plexus which governs the erections in part. But as this lumbar plexus is again dependent on the nerve centres, we may say, that erection begins in central organs in the cerebrum. If the spinal column would be divided, or a disease cause complete paralysis, the lumbar plexus would be paralyzed in such a degree that erection is impossible. In Eckhard's experiment the electric power took artifically the place of the power of the nerve centres in the cerebrum, and thereby proves, that while we have an independent middle plexus of origin in spinal nerves causing erections, the principal controlling centre is in the cerebrum. Another centre we find in the peripheral nerves of the genitals themselves, which also have an independent action. This last centre

is the weakest of the three; but it exists, and this knowledge has been used by charlatans to construct an apparatus for the cure of impotence. This was simply a hollow tube with a suction pump to exhaust the air. This caused a limited erection for a still more limited time. To recapitulate, we have three centres governing erection: 1. Nerve centres in cerebrum (Psychical). 2. Lumbar plexus, presiding direct over erection. 3. Peripheric nerves of genitals. The mechanism of erection is not merely a retention of venous blood, but more an afflux of arterial blood into the elastic erectile tissue of the penis, which is well recognized by our modern physiologists. But this mechanism cannot take place by itself, and is induced and governed by the power of the nervous system, as explained. This knowledge is of the greatest importance in making a correct diagnosis, and selecting the course of an intelligent treatment, both of which can be accomplished by electricity.

Another Extract on the Hygiene of the Eye, this time read before the Medical Society of Washington Territory, and published in the Med. and Surgical Reporter, November 24, reads as follows: "Occasionally you will meet with a case in which vision for horizontal lines may be good, while vertical lines appear indistinct or vice versa. This is a condition termed astigmatism, and depends on a difference in the curvatures of the eye, sometimes (very seldom) in the cornea, oftener at the fundus, and occasionally in the lens. This, unless corrected by cylindrical lenses, will give rise to much trouble, but as its diagnosis requires special training, I will pass over this affection, at least until some other time." After the careful work of Donders on Accommodation and Refraction of the Eye, and the repetition of the same in every text-book, how any one can venture before a public audience and then appear in print in such a journal as we have indicated, with such a statement, passes our comprehension. If the doctor can demonstrate that the majority of astigmatic cases depends on an abnormal curvature of the fundus of the eye, he has an open field before him; but with such men as Helmholtz, Donders, and in fact all who have hitherto written on the subject against him, the chances are that before he gets ready for his next paper which he has promised the society he will change his mind on the subject. The fact is, barring the irregular form which is irremediable, that astigmatism almost always depends on an abnormal difference between the two short axes of the tri-ax ellipsoid of which the cornea forms an illustration; in other words that the radius of curvature of the cornea varies in different meridians; and, as a matter of observation and demonstration, the radius of curvature of horizonatal meridian is nearly always greater than the radius of curvature of the vertical meridian. We intentionally said an abnormal difference between the two short axes, because the vast majority of eyes are slightly astigmatic, and it is quite the exception to find the perfect condition with the two axes absolutely alike. It is of course sometimes, as in the case of Thomas Young, who was the first to observe and demonstrate the asymetry of the dioptric system of the eye in the crystalline lens. The whole question is exhaustively discussed in the book we have mentioned above.

The doctor concludes his paper by recommending his hearers to smoke five cent cigars, as the cheap variety is reported to be less productive of tobacco amblyopia. We are unable to judge of this question, but pending its proof, the consideration of others should induce medical men who must smoke to take the best cigars they can afford.

Speaking of the Medical Fathers of New York the Medical Record says: Bearing on the question of longevity of medical men who spend active lives in their profession, we are enabled to instance other striking examples. Our friend Dr. Alfred C. Post has very significantly said that a man's age is not counted by years; that some are as young at seventy as others are at forty, and we are happy to say that his present condition proves it. The same principle applies in many particulars to Drs. Alonzo Clark and James Anderson, each

eighty years of age, and the active veteran Dr. Jared Linsly, aged seventy-nine. The latter gentleman has been in full practice in this city for over fifty years, and knows more about old New York than any practitioner living. When he commenced practice the greater part of the city was a wild, open country. Many of his present patients are great-grandchildren of his earlier patrons.

At the Close of a Paper read before the Philadelphia County Medical Society, Dr. Arthur Van Harlingen, speaking of liquor gutta-perchæ as a solvent, says: A few weeks since, a pamphlet by Prof. Auspitz, of Vienna, reached me, in which that distinguished dermatologist recommended liquor gutta-perchæ as a vehicle for the application of chysarobin. I at once obtained a ten per cent. solution, or rather emulsion, of chrysarobin in liquor gutta-perchæ, and, happening to have a case of psoriasis of the face and scalp under treatment, I gave some to the patient to apply once daily. The effect was so happy as to encourage me very much to hope that we have in this preparation the most convenient method of applying chrysarobin yet devised; and as chrysarobin is, after all, the most efficient local agent in the treatment of psoriasis as yet brought forward, I have no hesitation in urging the trial of this preparation on any one who may have a case of psoriasis under treatment. It is to be noted, however, that the same watch must be kept upon the skin for fear of exciting dermatitis as when the ointment is used. Only, when the liquor gutta-perchæ dries, which it does very quickly, there is little or no danger of rubbing the chrysarobin over the good skin, nor is there much danger, if any, of staining the clothing.

Under the Title of Mycosis of Domestic Animals, Wolff has published (Boston Med. and Surg. Jour., from Virchow's Archives) his investigation of the cause of death of the large number of gray parrots (Psittacus erithacus), yearly imported into Germany. The clinical symptoms were first, loss of appetite, with at times complete disregard of food. The birds then became dull and mopish, and their wings drooped. Soon diarrhœa set in; at first the fæces were thin and yellowish, but latter mixed with mucus. There were six to eight stools daily and occasional vomiting of greenish yellow masses. With bristling feathers, and closed eyelids, the parrots cowered on the ground in a comatose condition. Towards the end convulsions appeared, in which the head was drawn down against the breast or under the wing, and in one of these spasms death occurred. Coryza, dyspnœa, cough, and râles, which, however, were not always present, pointed to a coincident affection of the respiratory tract. The course of the disease was from eight days to three weeks.

Anatomical appearances. No external wound of skin or mucous membrane. Heart and lungs with but slight changes. Liver: Two dozen small gray or grayish white nodules shining through the serosa. On the cut surface the parenchyma was quite firm, bluish red in color, and studded with numerous grayish white nodules, denser than the surrounding tissue. Spleen soft, bluish red, with numerous white foci in its midst. Kidneys were hyperæmic, marked by small gray lines. Mucosa of the stomach, pale, wrinkled. Small intestines contained a large quantity of yellow watery material. Mucosa slightly swollen. Sections were made from the liver, after having been hardened in alcohol, and were treated with concentrated acetic acid. The microscopic examination showed that in the midst of the whitish nodules there were yellowish brown lines, either straight or crooked, at times isolated, but more frequently anastomosing with one another in the form of a net-work. With a high power these resolved themselves into zooglœa masses or scattered micrococci. Staining with methyl, violet, gentian, or brown facilitated their demonstration. The same organisms were found choking the capillaries of the liver. Where they were present in the smallest numbers the walls of the vessel could still be distinguished as fine lines, bounded on either side by the bacteria, and containing with them numbers

of red blood corpuscles stained in the same way as the parasite. In other places a thrombosis had extended for some distance along the vessels, which either were changed into thick bands or else, as was more frequently the case, they presented varicose enlargements. Similar plugs were also met with in the larger vessels, and finally in the midst of the liver tissue proper were free colonies, in the form of round or irregularly shaped balls, while in their neighborhood lay single scattered organisms, the form of which could be made out. This proved to be spheroidal, or occasionally more oval, so that the length (about one-half millimetre) was twice as great as the breadth. These spheres were often united in pairs (diplococci) or in threes or fours. The liver tissues appeared normal about the smaller foci, but near the larger ones marked changes were found. Here it was more transparent, and the columnar arrangement of cells was destroyed. Glancing cells (scales) devoid of nuclei, of a light yellowish color, were seen in the place of the normal ones. No pus was noticed even about the largest centres. The invasion of the lungs was extensive, although not so well marked as in the liver. In at least every third preparation thrombi of micrococci were present in the capillaries, some of which were dilated, and they were also seen lying free in the parenchyma of the lung. There was, however, no change in the tissue either in the form of necrosis or cellular infiltration; at most the collateral vessels were slightly fuller than usual. The alveoli contained a few cells in which were shining granules of unequal size. The greater part of the alveoli and bronchi were unobstructed. In the spleen there were extensive deposits of micrococci, lying free in the parenchyma either as round or oval individuals, or united in short chains of threes or fours. In the kidneys the parasites were found in the vascular system of the glomerulus, and in that surrounding the tubules. In various places the vessels had been perforated, and the micrococci were in the tissues or else occupied the tubules, which were distended by them. The other organs, as well as the intestinal tract, were free from the presence of the organism. In regard to the relation in which the bacteria stand to the economy of the animal, there are two cases to be considered. The first when they are present in small quantities, and are still separated from the glandular elements by the vascular walls. Under such conditions they do not need to enter into a struggle for existence with the surrounding cells, as they can easily receive a sufficient supply of nutriment. In the second case, where there is an extensive growth of the parasite outside of the vessels, the bordering elements give evidence of a marked pathological change, coming under the head of tissue necrosis. (Clear, glancing look, indistinctness of cell outline, and disappearance of the nuclei.) It is only after this has proceeded to a high degree that inflammatory (purulent) changes are manifest. In the parrots this never reaches the inflammatory condition, which is rather remarkable, as in other forms of infectious disease (pyæmia, diphtheria, erysipelas, etc.), this latter stage is found associated with the slighter changes of the affected part. The ætiological factor is to be sought in the crowded and ill-ventilated cages in which the birds are kept during the passage. The point of entrance for the parasite is probably the lungs. Of the other mycotic processes with which birds are troubled (splenic fever, ulcerative endocarditis, diphtheria) the cholera des poules of Pasteur is the only one with which it would be likely to be confounded on account of its clinical symptoms. In the last named disease, however, the pathological changes are restricted to the intestines, which are uninvaded in the disease under consideration. In epidemics it is of the greatest importance to look for the source of infection not only in man himself, but also in the household animals, which are found to suffer from the same infectious diseases that he does. Attention has already been directed to the larger animals, but as yet little attention has been paid to birds. The ways of infection of man are so much enveloped in darkness as yet that it

is of the utmost importance to be careful with household pets, like the gray parrots, which so often suffer from mycotic disease.

Dr. Felix Schwartz Reported a case of wandering liver before the k. k. Gesellschaft der Aertze, in Vienna, on June 8th. He believed that he was supported in his diagnosis by the symptoms of the case, which are (Med. News): 1. When the liver is entirely sunken downward—the absolute liver dullness begins, while the thorax is in the position of expiration, in the right mammary line at the upper border of the seventh rib, and reaches four inches beyond the free border of the ribs. In inspiration absolute liver-dullness begins in the right mammary line at the free border of the ribs; percussion is somewhat tympanitic in the sixth intercostal space; there is a clear tympanitic note in the fifth interspace, and from the fifth upward there is normal pulmonary resonance. Between the border of the ribs and the left lobe of the liver, during inspiration, is a furrow one inch wide, running toward the left hypochondrium, which gives a dull tympanitic percussion. 2. The smooth upper surface, the sharp border, and the longitudinal fissure of the liver can be easily felt in the mesogastrium. 3. On the liver being replaced the liver-dullness begins at the fifth rib, and extends a little over one inch below the free border of the ribs in the right mammary line. In the right parasternal line it extends three inches beyond the free edge of the ribs, in contrast with five inches in the displaced state. 4. The liver is movable, not only upward, but to the right and left. When the patient lies on the left side the liver falls toward that side, and the greater part of the right lobe can be felt in the scrobiculum cordis. Finally the liver can be forced into the right hypochondrium without much opposition on the part of the organ. The fifth symptom, relaxation of the abdominal walls, did not exist in Schwarz's case; on the contrary, the standing posture made the walls so tense that an examination could only be made in the horizontal position. There are fifteen cases of wandering liver reported in literature, thirteen in females, and two insufficiently described cases in males.

A Contribution to the Pathology of old age is the subject of an article by Somerbrodt from his experience in the Pensioners' Hospital at Berlin from 1873 to 1877 (Boston Med. and Surg. Jour.). Twenty-five autopsies were made on men over seventy years of age. Acute disease, as has been generally noticed, occurs but rarely, and when present is generally connected with the organs of respiration. The heart was affected in but few cases, while in every case evidences of endarteritis were to be seen. Chronic inflammatory changes were frequent in the meninges, while hæmorrhage into the substance of the brain was rare. Gall stones, which in extreme old age never caused colic, were found in eight cases. Malignant disease (cancer of the prostate) presented itself but once. The course of such troubles is probably run in previous decades. Pleural adhesions were often met with, but exudation into the pleural cavity very seldom. In about one half the cases tubercles, that is, cheesy centers, were scattered throughout the lungs, and this was notably oftener the case in persons who were quartered together in barracks than in those who had a separate dwelling. This fact, the author thinks, points to the contagiousness of the disease. In general its course was run almost without symptoms; especially was it to be remarked that hæmoptysis was absent in the majority of cases.

A Dr. Frank B. Smith, of Detroit, Mich., has begun a suit for fifty thousand dollars in the United States District Court against Dr. John H. Rauch, Secretary of the Illinois Board of Health, whose name, he alleges, was signed to a circular revoking his (Dr. Smith's) license for unprofessional and dishonorable conduct. This conduct, the plaintiff adds, consisted in his advertising his presence when he was a delegate to a health convention at Peoria.

MERIT AND PATIENCE THEN, my boy, says the Indiana Med. Jour. in the guise of a father's letter to a son just about to begin the practice of medicine, is the course to pursue, in order to gain reputation and a large practice in the shortest possible period of time. These mushroom reputations have no solid foundation and are "no good." Let me entreat, then, in conclusion, to make haste slowly; to stick to your legitimate duties; to mind your own business; "whatever thy hand findeth to do, do it with all thy might." If you intend to make of yourself a physician, be a physician; study medicine; keep apace with the times and the collaterals of your science as well as you can; cultivate good common sense and sound judgment; beware of the voice of flattery; be honest and truthful; scorn deceit. Do all these things, and you will have no occasion to advertise in the newspapers in order to secure a reputation or a large practice.

A FORM OF VAGINITIS, occurring in women advanced in years and free from any suspicion of sexual relationships, is described by Dr. Després in the Centralblatt für Gynäkologie, September 29, '83. (Med. Record.) It is dependent upon an incomplete incontinence of urine. The muscular walls of the bladder being atonic the organ is never completely emptied, and the residual urine excites a vesical catarrh. This leads to incontinence, and during sleep, particularly when the patient lies on her back, the urine trickles down into the vagina. There its presence sets up an inflammatory process, the more readily as the urine itself in these cases always contains a large quantity of pathological products.

BIEDERT DRAWS THE FOLLOWING CONCLUSIONS in Deut. Med. Woch., Nos. 3-5, 1883. (Med. and Surg. Reporter.) 1. A very large number of stomach and intestinal affections in nurslings are so closely related to the method of their feeding, that, simply through an alteration in the feeding, cure may be effected, and this even in very severe cases. 2. The quantity of nourishment is important. 3. Nourishment often requires to be given in a very diluted condition. 4. The proportion of albumen to fat in the food is an important element. Thus, a mixture of albumen with emulsionized fat in greater proportion than it is found in cow milk, and more nearly approaching the proportions in human milk, greatly facilitates its digestion. 5. It must not be forgotten that occasionally a morbidly diminished fat resorption may occur, which necessitates either a diminution of the proportion of fats, or—remembering the facts as to albumen digestion mentioned in 4—a proportion of fats between that in cow milk and that in human.

THERE IS SOME TRUTH and a good deal of fiction in the following, which we take from the Medical Record. Dr. Poncet, of Lyons, France, gives the following Gallic account of the way we live: "If there is any truth in the proverb, 'tell me what you eat, and I will tell you what you are,' it is amply illustrated in the New World. The American does not eat, he simply fills himself; his sole desire is to satisfy hunger, and if he can secure quantity, quality is of little importance; hence one frequently sees him ingest a lot of food standing up, or scarcely seated, at a counter. There are fixed hours between which meals may be had, and food must be taken at those times whether one be hungry or not. A despotic, all-powerful public opinion, which no one dares defy, decrees the hours for eating. The meals are always begun with a square block of rancid butter, having an odor of margarine. A pause of fifteen to twenty minutes gives time to attempt the digestion of this compound, and then you find yourself surrounded by a variety of little dishes which you expressed an intention to eat. It matters not that they become cold, for do you not see around you 'des misses, des ladies, des gentlemens' eating watermelon with chicken, and currant jelly with cutlets and salad! Behind your chair is one negro who fans you, and another who puts ice in your glass." The writer apparently was not struck with the number of our religions, but it does not escape him that

we have but one sauce, and that like glue, by which otherwise good meats are ruined. Our eggs have a queer, stale, animal flavor, which is supposed to result from the hens being fed upon meat that they may lay more. Corn is a favorite article of food, and though eaten in various ways, is most often boiled on the cob. Three or four of these cylinders are not too much for a lover of this cereal, who will gnaw off the grains with his teeth, and presently leave nothing but "la carcasse."

THE BRIT. MED. JOUR., August 4, says respecting the treatment of warts and condylomata by carbolic acid: M. Jullien has described in the Annales de Dermatologie the treatment used by Tommaso de Amicis and himself in cases of warts and condylomata. It consists in repeated cauterizations by means of pure carbolic acid, and is best adapted to large sessile growths, or to fumigating cauliflower-like vegetations. The modus operandi is very simple. Crystals of pure carbolic acid are kept in a small bottle; the warts having been washed, the bottle is warmed in a flame or in nearly boiling water, and the crystals touching the glass melt. The fluid is applied with a brush or cotton-wool to the whole surface of the warts, which assume at once a shiny white appearance. The white layer soon falls off, and on the next day the operation can be repeated. Pure carbolic acid causes much less pain than either chromic or acetic acid. It has been noted that when the cauterizations are repeated, the last are more painful than the first. The number of cauterizations necessary for curing the patient, is of course variable. In a case of vegetations on the glans and prepuce, the cure was complete after two applications.

THE HISTORY OF THE OPERATION of paracentesis pericardii was briefly related from its first suggestion by Riolan in 1649. (British Med. Jour., Med. Chron.) Its practical introduction was traced to Dr. Rovers, of Barcelona, who operated successfully in two cases in 1819. In 1841 there was a remarkable series of cases in an outbreak of scurvy in Russia, in which the pericardial effusion was composed mostly of blood. Nine were operated upon and six recovered. In 1854 Trousseau's essay was published upon some cases of his own and of M. Aran, which revived interest in the subject. In 1866, Dr. Clifford Allbutt introduced the operation to this country, and it was performed by Mr. Wheelhouse and Mr. Teale. Rosenstein, in 1871, made a great practical advance in operating by free incision with drainage. A complete list of the recorded cases up to date was given in a tabular form, with the addition of several cases hitherto unpublished, making seventy-nine cases in all. Of these, fifty-six had been in males, for which no reason could be assigned, and they had been uniformly distributed over the early ages of life. Phthisis and pleurisy had been associated with twenty-three cases, rheumatism with eleven, scurvy with nine, general dropsy with five, injury with three; in twelve cases there had been no associated disease. The fluid had been in fifty-eight cases serous, in twelve purulent, in nine bloody. The amount evacuated had been in forty-six cases less, in thirty-three cases more, than a pint. It was not rare to evacuate as much as two or three pints. The largest quantities had been found in the scorbutic cases, and from one of these about ten pints had been evacuated. It had been sometimes observed that great relief was given by the withdrawal of one or two ounces, and that this had been followed by the absorption of the rest of the fluid. Dieulafoy's careful experiments had led to the selection of a place in the fifth left space, about an inch from the sternum, as the safest point for puncture. The following conclusions were drawn: 1. Paracentesis pericardii is not only justifiable, but an operation which may be safely undertaken with ordinary precaution, for only one case is recorded in which the operation was in itself fatal, and with this exception, all the patients were greatly relieved by the removal even of small amounts of fluid, and many recovered completely who would probably have died had the operation not been performed. 2. The most suitable place for

puncture is, in ordinary cases, in the fifth left intercostal space, one inch from the edge of the sternum, but if the pleura be adherent, the puncture may be made safely much further out, and even in the sixth space. 3. The instrument employed should be a trocar and canula, with or without aspiration. 4. The operation may be performed with advantage, not only in the pericardial effusion of rheumatic or primary origin, but also in those which occur in the later stages of general dropsy, if it should appear that the fluid in the pericardium is adding to the difficulties under which the heart is placed. 5. Purulent pericarditis is best treated on general principles, like empyema. 6. The pericardial sac may be safely opened and drained. 7. This treatment, moreover, appears to be the only one which offers the slightest hope of recovery. 8. The results do not seem to be as unfavorable as those of empyema, for the walls of the cavity are better able to contract rapidly, and thus permit its complete obliteration.

When New-born Children affected with thrush refuse to take the breast or the bottle, Dr. Wiederhofer (Journal de Médicine de Bordeaux, June 10, 1883), advises the pouring of milk by means of a funnel through the nasal fossæ. This mode of alimentation is not difficult. When the milk enters the pharynx it provokes reflex movements of deglutition, and is propelled into the stomach. The author has been enabled by this means to nourish infants for three and four weeks in succession. The same procedure is useful in children born before term, in whom there are no spontaneous movements of deglutition.

The Autopsy in the Case of the Late J. Marion Sims showed that disease of the heart was the cause of death. (Med. Record). There was some enlargement of the heart with adherent pericardium. The valves were competent. The coronary arteries were narrowed by atheroma, which was partly calcareous. In the muscular tissue at the upper part of the interventricular septum there was a patch of fibrous myocarditis as large as a silver quarter of a dollar, with the beginning of an aneurismal pouch. A similar fibrous myocarditis existed on the papillary muscle controlling the anterior segment of the mitral valve. Both ventricles were dilated and the left hypertrophied. The lungs were slightly congested and œdematous. The parietal and visceral pleura on the left side was everywhere adherent. The kidneys and liver showed lesions of chronic congestion. The brain was normal. There was some atheroma of the internal carotid arteries.

Dr. Berti Relates two instances in the Rivista Clinica, Sept. 1, '83 (Med. Record), in which he found advanced caseous processes in very young infants. The first case was that of a child born before term and living nine days. It belonged to a phthisical family. At the necropsy two cavities were found in the lower lobe of the right lung; there was caseation of the bronchial and mesenteric glands, and the pleura was infiltrated with round cells. The second case was of a child born by the breech. There was very extensive gangrene of the presenting part, and a large abscess formed in the right sacro-gluteal region. The infant failed gradually, and died after twenty-six days. The autopsy revealed tubercular peritonitis and enlarged and partially caseous mesenteric and mediastinal glands.

An Exaggeration of the Tendon Reflexes in patients ill with typhoid fever has been noted by Strümpell and Ballet. (Med. Rec.) Dr. Pluyand, in a recent brochure on this subject, cites a number of cases in which he found an exaggerated excito-motor power present in the spinal cord. As a rule, the disorder was manifested in the tendon reflexes. But in some this condition was slight or was masked by some other phenomenon (epileptoid movements or contractures). In still others the excitability of the cord found expression in a chorea appearing with the typhoid fever and ceasing with it. There are cases, however, in which the tendon reflexes

seem to be diminished. M. Petit-Clerc, in a thesis published in 1880, even regarded this as the ordinary condition in typhoid. Notwithstanding these divergences, more apparent than real, as they are due often to the methods employed in the study of the reflexes, M. Pluyand thinks it undeniable that there is a condition of increased excitability in the cord in the greater number of cases of typhoid fever. Of 100 cases, the tendon reflex was exaggerated in 58, moderate in 25, and diminished in 17 cases.

In Concluding an Article on Ptomaines, or cadaveric alkaloids, Mr. R. N. Wolfenden sums up as follows (Lancet): 1. There are developed in the body, post-mortem, poisons of an alkaloidal character, and which can be obtained also by decomposition of albumen, peptone, casein, muscle, brain, etc. Moreover, they seem to be present in some normal secretions (saliva and urine). 2. These cadaveric alkaloids may be mistaken, post-mortem, for vegetal poisons administered with evil intent, but if the body be examined within twenty-four to forty-eight hours after death, any alkaloid there found would be strong presumptive evidence of poison and not ptomaine. After a couple of days it would be a matter of doubt. 3. There is no satisfactory test surely indicating the presence of ptomaine. Physiological characters must be taken in conjunction with chemical tests. 4. Probably the production of ptomaines within the living body may be the pathological cause of many obscure conditions, especially those following on poisoning by bad food, such as stale fish, etc.

It is with Regret that we Find ourselves obliged to concur in the merited reproof which The Polyclinic administers to the responsible persons in charge of the Journal of the American Medical Association. It is a positive duty of all associated with medical journalism to ventilate the subject, as the Journal of the Association must be accepted abroad as a representative of the educational statns of the American medical profession, and in these days of exacting precision it is a legitimate inference that where a regular systematic negligence is countenanced in one section of an individual's work, we can hope for little real advancement in any other undertaking in which he may embark. What is true of the individual is true, with the necessary changes, of the nation, and with such a representative abroad of the American profession, how can we expect to secure that recognition abroad which many of us think the conscientious American physician is entitled to. How humiliating and aggravating it must be to the well-posted physician abroad. The criticism referred to is in the 15th Nov. number of the Polyclinic; the writer criticises the mistakes which occur in the previous numbers, including the issue of November 3. Similar mistakes occur in the following number; for instance, we have: cervical ganglion, p. 534, as conical ganglion; on p. 536, Lyon Médical as Syon Medical (no accent), and p. 528, about the middle of second column, in a space of five lines three N's in place of U's. The other complaints made by the Polyclinic could be equally illustrated from the number in question. We are quite conscious of sins at our own door, but that does not alter the question.

Paolo Negri has adopted corrosive sublimate in puerperal cases as an antiseptic at the Maternity at Novare (Med. News). He finds a solution of one to two thousand sufficiently strong as a rule. During four months at this Maternity, the statistics show not one death among the fifty-one cases; and but very little sickness. Negri draws the following conclusions: 1. The toxic effects of corrosive sublimate employed in the usual strength one to fifteen hundred or two thousand, is almost nothing; in one case only, he had slight mercurial exanthema. 2. The solution of the strength of one to two thousand is sufficiently powerful to prevent puerperal sepsis. 3. This solution will completely substitute the two to one hundred solution of carbolic acid generally used. 4. The sublimate has the advantage over carbolic acid of being cheaper, and having no odor; this last consideration being not unimportant in private practice.

The Following Method of making parenchymatous injections into the uterine tissue is described by Dr. Adrian Schücking in the Berlin Klin. Woch. (Med. News): After having introduced a speculum into the vagina, and fixed the neck of the uterus, he forces into one of the lips of the cervix a long syringe-needle. Before and after the injection, the cervix is washed with a disinfecting solution. He has never seen any undesirable consequences after this procedure. The slight hemorrhage caused by the needle he regards as rather advantageous than otherwise; in fact, more useful than scarification. Schücking thinks that parenchymatous injections should be substituted, in gynecology, for the subcutaneous method, being more convenient and effiacious. Immediately after the injection, the cervix is seen to become pale, and diminished in size. There can be no doubt of the absorption of the injected medicine, for one patient stated that the distinct metallic taste was perceived as soon as when the substance was given hypodermatically. Thus far Schücking has used parenchymatous injections in the following affections: 1. Uterine fibroma—four cases—while the action of ergotine given hypodermatically seemed to be doubtful, after about twenty parenchymatous injections, he constantly noticed either a diminution of the hemorrhage or in the size of the tumor, or both. 2. Incomplete puerperal involution causing prolapse and retroflexion of the uterus. By injecting, three times a week, half a syringeful of an aqueous solution of Fowler's solution (1-3), he has seen the uterus regain its normal position after about fourteen injections. 3. Erosions with hypertrophy of the cervical glands—eight cases—interstitial injections of tincture of iodine, combined with touching the cervix with pure acetic acid, caused much more rapid recoveries than when the acetic acid alone was used. 4. One case of exudation into the broad ligaments.

Dr. Kaulich Following out the Results of Koch's studies as to the action of corrosive sublimate on bacteria, administers this substance internally and applies it externally. (Med. News). As a topical application he uses the following: Corrosive sublimate one part, water 1000 parts. In children upon whom tracheotomy has been performed, the trachea is washed out with the same solution, with inhalations of corrosive sublimate gr. $\frac{1}{20}$, water f℥xxx. Kaulich also prescribes for children, gr. $\frac{1}{6}$-$\frac{1}{3}$ of sublimate in gum water, slightly alcoholized. He also uses as a spray for inhalation concentrated lactic acid, grs. jss-ij, distilled water f℥j. This is used every three or four hours. For the swelling of the ganglia of the neck he uses the following as a liniment: Spirits of turpentine and chloroform, āā f ℥ss, oil f ℥iij.

The Short Confinement to Bed, and the absence of purulent secretion with iodoform dressings, have induced Behm to follow this method of treating ruptures of the perineum. (Med. News). The instruments and the wound are first disinfected by means of carbolic acid solution, the lips of the wound are trimmed and bleeding stopped by most careful pressure with wadding pads. If primary union is wished for, he only puts a thin layer of iodoform in the wound; in two cases, in which too much iodoform was used, primary union did not take place. Two complete, and twenty-eight incomplete ruptures were treated in this manner: Of the first two, one healed without trouble, while the other, dressed thirty-six hours after delivery, after the rectum and bladder were emptied, healed only incompletely, with a recto-vaginal fistula. Of the twenty-eight incomplete ruptures, twenty-three healed by primary union. Behm has had no cases of iodoform intoxication.

In the Arch fur Gynak., Dr. Breus highly recommends his plan of treatment of puerperal convulsions (Med. and Surg. Reporter), which consists in hot-baths and wrapping in blankets until profuse diaphoresis occurs. He has never seen any evil results, and thinks it desirable to employ this treatment in pregnant women who are the subjects of dropsy or albuminura, believing that by it the onset of eclampsia may possibly be prevented.

CONTRIBUTIONS.

MALARIAL HÆMATURIA.

[A Clinical Lecture delivered at the Philadelphia Hospital October 20th, 1883.

BY JAMES TYSON, M.D.,

One of the Physicians to the Hospital, and Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania.]

REPORTED BY WILLIAM H. MORRISON, M.D.

GENTLEMEN—I have the opportunity this morning of presenting to you an example of a disease which, although not often met with in this latitude, is of frequent occurrence in southern climates, and is seen often enough in this latitude to make it important that you should know something about it. I shall first read the history which the patient has given us, after which I shall dilate upon the symptoms which she has presented, and account for them as best I can.

The history is as follows: "A. S.——, twenty-six years of age, a widow with two children, descends from a family with no tendencies to disease. She was admitted October 6, 1883. She was well until September 14th of this year, three days after her return from the state of Delaware, where she had been for some days. The time referred to she was suddenly seized with a chill followed by high fever. This was repeated, and these chills continued until the time of admission, coming sometimes daily and sometimes on alternate days. When admitted, she complained only of severe pain in the back and abdomen, and of a feeling of lassitude and weariness. Examination of the urine showed it to be red in color and to be moderately albuminous, and the microscope revealed the presence of blood discs."

The symptoms which we have noted at the close of the history continued, except that there was a morning temperature which was normal, and an evening temperature slightly above normal, until the afternoon of October 15th, when she had a severe chill and the temperature rose to 105°. Of course, those of you who have had any experience with diseases of a malarial character, will have no difficulty in making the diagnosis that this woman has suffered from intermittent malarial fever, perhaps of the quotidian type, but the point to which I desire more particularly to call attention, is that on admission the urine was found to be bloody. In addition to the facts given in the history, she has told me that at times other than during menstruations her urine has been bloody.

Having discovered blood in the urine, we next sought to ascertain whether it was present all the time, or whether it intermitted, or whether there were times when it was more abundant than at others. In order to settle this question all treatment was omitted for a few days, that we might study the natural history of the case. Specimens of urine secreted at different periods of the day were secured, and I now show you portions of urine passed in the morning, afternoon and evening of two days. As you see, the morning specimens are very dark, and microscopical examinations show that they contain considerable blood; the afternoon specimens are not so dark, and contain less blood; while the urine obtained in the evening is still lighter in color and contains very few blood discs.

Taking the results of these observations in connection with the history which she gave, I had no hesitation in declaring this to be a case of malarial hæmaturia. This subject of malarial hæmaturia is one in which I have taken considerable interest, having been supplied with cases in rather more than the usual number, both from our own and distinct states. The diagnosis is not always as easy as it is in the present instance. Here we have a distant history of malarial fever, preceding the discovery of blood in the urine, and knowing that there is such an affection as malarial hæmaturia, we should be very likely to suspect that this was the cause of the bloody urine. Care must however be taken to separate this from the other causes of hæmaturia in women. There are cases of malarial hæmaturia in which there is no other symptom than the intermittent hæmaturia. At a certain period of the day the urine may contain blood and in a few hours be absolutely free from blood. In other forms of malarial hæmaturia, while there may be no distinct chill coincident with the appearance of the bloody urine, followed by fever, the patient may at such times feel a little nausea and weakness, or the hands and feet may be cold, or there may be a slight chilly feeling coming on coincidentally, but with this exception there may be no symptom calling attention to the malarial character of the condition. The term intermittent hæmaturia, like the term intermittent fever, has become engrafted on this subject, and it is commonly thought that only intermittent hæmaturia can be malarial. I have seen a number of cases of continuous hæmaturia which were clearly malarial in their origin, and the proof is had in the facts that the conditions appeared in persons living in a malarial district and were cured by the administration of quinia and other anti-malarial remedies. It therefore does not follow that because the hæmaturia is continuous it is not due to malaria; in such cases it becomes necessary to consider the other causes of blood in the urine. In this climate the most frequent causes of hæmaturia, excepting malarial poisoning, are cancer and injuries to the bladder, and cancer and injuries to the kidney. In tropical climates there is a form of hæmaturia caused by parasites, but this is not seen in this

country. In considering a case of malarial hæmaturia, it usually is not difficult to eliminate causes of this kind. In cancer of the bladder, or of the kidney, there will be other symptoms in connection with the condition of the urine. In cancer of the bladder there are pain and irritation with frequency of micturition, and the blood is mixed with pus. We never find these symptoms in malarial hæmaturia. In cancer of the kidney, there will be pain in the renal region, enlargement of the organ, and other matters in the urine beside the blood. In cancer of the kidney, the blood may enter the bladder in the form of a clot, and give rise to a great pain like that of nephritic colic. This never occurs, so far as I know, in malarial hæmaturia. The hemorrhage occurs as molecular diapedesis from the small blood vessels, and as the blood passes drop by drop into the bladder, coagulation is interfered with and symptoms of nephritic colic are rarely present. In both cancer of the bladder and in cancer of the kidney, the cancerous cachexia is present, although in cancer of these organs, and especially in diseases of the bladder, it does not develop so early as when those organs which are more important to life are affected.

The true nature of a hæmaturia has often been overlooked because attention has not been called sufficiently to this subject. The physician often does not think of the possibility of its occurrence. A short time since a specimen of urine was sent to me from one of the central counties of this state. Examination showed that it contained blood, and the hæmaturia was found to be continuous. The patient had a malarial history, and I suggested to the physician in charge of the case that it might be one of malarial hæmaturia. He candidly admitted that he had not thought of the condition. The man was put on three grains of quinia every three hours, and within twenty-four hours the hæmaturia had ceased.

Before speaking of the treatment, let me pause for a minute to consider somewhat further the characters of the urine in malarial hæmaturia. It of course contains blood, and, as a rule, blood corpuscles. But corpuscles may be absent and we may not have a hæmaturia, but a hæmatinuria or hæmoglobinuria. The blood corpuscles have been dissolved and we have a solution of blood pigment only. This may happen in mild as well as in severe cases. While there is under these circumstances no reasonable doubt that the color of the urine is due to blood pigment, yet it is important to be able to satisfy ourselves that blood pigment is present. This is done by making hæmin crystals. A little of the urine is taken and the phosphates are precipitated by a solution of potash. The blood pigment goes down with them. The precipitate is then dried and reduced to a state of minute subdivision; a very minute portion of common salt is thoroughly mixed with the phosphates, to which the blood pigment is attached, and the mixture is placed on a glass slide and covered with the usual thin glass cover. A drop of strong acetic acid is allowed to insinuate itself under the cover, and the slide is held over the flames of a spirit lamp until the acetic acid has nearly evaporated. The specimen is then allowed to cool and examined under the microscope. Usually there will be no difficulty in determining the presence of the little dark prisms of hæmin or hydrochloride of hæmatin, which can only be produced from the coloring matter of the blood. For the purpose of experiment a drop of blood may be taken from the finger and allowed to dry. A portion of this is mixed with a little common salt, the glacial acetic acid added and evaporated, and the crystals discovered as before.

Another important practical point to be remembered is that the urine may contain blood corpuscles at the moment that it is passed, but twenty-four hours later they may have disappeared. The reason of this is, that the bloody corpuscles are readily dissolved by alkaline fluids. The urine, especially in warm weather, undergoes alkaline fermentation, the urea is converted into carbonate of ammonia, and the resulting alkaline fluid soon dissolves the corpuscles. In such a fluid, white corpuscles may be found, for they are not readily affected by alkaline fluids. If the reaction of the urine happens to be acid and continues so, the red corpuscles will remain, although their shape and color may be changed.

In many cases of malarial hæmaturia, the urine contains tube casts. These may be either simple fibrinous or blood casts. This is always a valuable sign from a diagnostic point of view, because it proves that the blood comes from the kidney. At the same time, the absence of casts does not exclude the kidney as the source of blood.

Now, in regard to the treatment of this class of cases, I have told you that one proof of the malarial nature of this affection is that it is cured by quinine, and quinine is the remedy par excellence. Three grains every three hours will often stop a hæmaturia in twenty-four hours, but it should be continued longer to prevent a recurrence. It is not always as rapid in its action as this. Sometimes we have to continue its use for a longer period, and sometimes other remedies which have a reputation in malarial affections have to be substituted. Arsenic and the astringent preparations of iron are serviceable. I am now referring to the form of malarial hæmaturia which is seen in this climate and not to that which occurs in southern climates, and which often resists the action of quinia in a wonderful manner. I have found that in the more persistent form, the mineral waters which contain

alum and iron, such as those of the Bath Alum Springs in Virginia, and the Jackson Springs in North Carolina, are of service.

LACERATION OF CERVIX UTERI.

BY J. T. JELKS, M.D., HOT SPRINGS, ARK.

[Read before the State Medical Society of Arkansas, at the Eighth Annual Session, held at Little Rock, May 30 and 31, 1883.]

For many years the members of the medical profession have labored hard and faithfully to cure many cases of "granular degeneration of the os," "ulceration of the womb," "hypertrophy, hyperplasia and subinvolution of the uterus," and these affections are treated of in the text-books on gynæcology, page after page being devoted to the treatment of endo-metritis, cervicitis, endo-cervicitis, etc., etc.; and when the profession now met with the startling assertion "that there is no such thing as ulceration of the womb" (Emmet) other than specific, that there is no such thing as "granular degeneration of the os," that all our cases of endo-metritis, endo-cervicitis, and subinvolution are mythical, and that all these troubles are really the effect of an injury to the cervix in labor, we may well look in holy horror upon the vast amount of work and learning expended to clear up the points of diagnosis and treatment of these troublesome affections.

One eminent gynæcologist, for instance, says of "granular degeneration of the os," as also of the other affections mentioned above, that "you must not promise your patient a cure in any definite time, not even six or twelve months, lest you should fail to make that promise good and thereby lose the confidence of your patient." Again, the same eminent man speaks of these things as the opprobrium of medicine, or rather of gynæcological medicine.

You will, all of you, call to mind many cases in your past experience where you have treated some poor unfortunate woman for ulceration, endometritis, or endo-cervicitis for months, without much, if any, benefit, notwithstanding you have diligently employed iodine, bromine, chromic acid, nitrate of silver, nitric acid, and the acual cautery; and if perchance you have, as has been my experience, finally stopped a profuse leucorrhœa by the use of nitric acid to the inflammed and ulcerated surface, you have done it by searing the mucus membrane, and so of course preventing a discharge into the vagina. I have seen many cases where I have used these remedies improve temporarily, and have dismissed them as cured, but they have very shortly returned for treatment again. Indeed, you have probably all heard the expression from some patient: "I don't want to commence treatment, because I never yet saw a woman who went to see a doctor for womb disease that ever got out from under the doctor's care." I have been met with this remark many times, and indeed there is much truth in it. I can now look back and see many cases that I had treated for ulceration, inflammation, and subinvolution indefinitely, which were in reality cases of laceration of the cervix, and I was only applying myself to the treatment of symptoms or effects instead of the real trouble. Let me say that with a closure of the injury to the cervix will disappear the reddened, inflamed look of the mouth of the womb, the subinvolution will disappear in a very short while, and your patient will pass out of your hands restored to health in fact. I need not tell you that for the remedy for these ills, which have so tried our souls and patience, we are indebted to that great and modest man, Thomas Addis Emmet, of New York, and when he tells us that "for many years past he has met with few or no cases of subinvolution that were not due to laceration of the cervix," and that all his cases of elongated and hypertrophied cervices are really dependent upon laceration and disappear when the injury is healed, those of us who are the lesser lights may well study the subject over again and put ourselves in the advanced ranks of the profession.

As many of the great truths in medicine and surgery have been discovered accidentally, so was the finding of this injury and the important part that it plays in gynæcology. In 1862 Dr. Emmet accidentally recognized the importance of this injury and devised the means for its relief; but not until 1869 did he fully describe, in a paper read before the Medical Society of the County of New York, the injury and the operation for its relief. Before the same society in 1874, he read a paper on Lacerations of the Cervix Uteri as a frequent and unrecognized cause of disease. Again, in 1876 he read another paper on the Proper Treatment for Lacerations of the Cervix. Dr. E. C. Dudley, of Chicago, was the first to apply to the operation the name of trachelorraphy.

That this accident is very frequent you may judge from the statistics. Dr. Emmet says that of the last five hundred women whom he had treated for some form of uterine trouble, 32.80 per cent had laceration of the cervix. He furthermore shows that the accident is a frequent cause of sterility. His studies and investigations show that 71.34 per cent of his cases remained sterile after they sup posed the injury to have happened—while, as he ays, there is "no positive proof that a single cases ever became pregnant after the reception of the in jury." He further shows that in only 12.33 per cent of his cases did menstruation remain unchanged; fifty per cent of the cases had the flow lengthened considerably.

In laceration of the cervix we may and do free

quently have the injury through the anterior or posterior lips, most frequently the anterior, but in either of these positions healing readily takes place, while if the laceration occurs laterally the tissues of the cervix roll out, and when you make an ocular inspection you will be really looking into the cervical canal instead of at the lips. When the woman gets up, the rolling out will be greater than ever, the increased weight of the uterus carrying the organ towards the floor of the pelvis, in the line of the vagina, into which the anterior lip will project, while the posterior lip will be caught by the posterior vaginal wall and crowded back, thus completing the eversion. Now,then, one reason why many of us fail to recognize the injury is because we use the bivalve speculum, which invariably puts the parts on a stretch and opens out the laceration, so that you see nothing but an eroded, angry, granular looking cervix of considerable breadth (Emmet). If now we made use of the knee and chest, or Sims' position, we would be able by the use of a tenaculum in each hand to roll the everted lips together and find them a natural looking cervix.

You may set it down that almost every cervix into which you can put the end of your finger is one in which some laceration exists. Again, as I have said before, all cases of elongation and hypertrophy of the cervix are cases of laceration.

Many of the cases of pain in the left and right iliac region are cases of pelvic cellulitis, produced by this laceration.

When it took Dr. Emmet six years to be able to learn to diagnose these cases under all its varied forms, we must not be surprised if we fail in making a correct diagnosis every time.

Now, then, of course if a cervix is torn laterally and presents to you as I have tried to describe it, nothing but an operation will do the patient any permanent good. In all these cases of laceration there is more or less cellulitis, which must be treated and relieved before any attempt at operation is made, otherwise the surgical interference will relight the pelvic inflammation and your patient will be greatly injured by your attempt.

The operation is to pare the edges of the lips in one continuous strip, if possible, commencing on the lowest portion—the woman being in Sims' position—and carrying the freshening process up to the angle of the wound, and then forward over the other portion of the lip, care being taken to avoid the circular artery of the neck for fear of hemorrhage, bringing these freshened surfaces together with the wire suture. Many of the cases are double lateral laceration; in these cases the operation you perceive is very simple; but sometimes the cases present several lacerations in a stellate shape.

I cannot better close this paper than by quoting from Dr. Emmet in support of the position taken above, in reference to elongation and hypertrophy of the cervix. He says: "Let one once master the diagnosis and he will not fail to recognise the protean nature of lacerations, and will never see another case of elongation or hypertrophy of the cervix, and never again amputate the cervix except for malignant disease." And again, "the importance of this subject cannot be over-estimated from the fact that at least one-half of the ailments of those who have borne children are due to laceration of the cervix."

REPORT OF A CASE OF EXOSTOSIS OF THE SKULL.

BY M. P. SEXTON, M.D., MILLERSBURG, MO.

D. P. S., single, farmer, aged thirty-three, of good physique and apparently in excellent health, first applied to me July 14, 1881, for treatment for a pain through the temples, which he described as of a dull, heavy character, with occasional severe paroxysms. The family history embraced a strumous taint, insanity of two uncles on the father's side, and a blood relationship of first cousins between the father and mother.

The headache was relieved at first by a combination of bromide of potassium and ergot, but persistently recurred when the remedy was discontinued. Afterwards it became necessary to substitute chloral for the ergot.

On the 6th of December I was called to see him at night, and found that he had just emerged from an epileptiform fit, and on inquiry I learned that he had suffered from a similar attack a few weeks before, having fallen from his horse while riding alone.

At this time my attention was drawn to a hard, hemispherical protuberance, slightly larger than a split filbert, occupying the center of the forehead.

The following facts were noted in relation to the history of this growth: Patient had had gonorrhœa several times, but gave no history of syphilis. Several years ago, while intoxicated, he fell on a curbstone, producing considerable contusion exactly at the site of the present growth; a few months prior to the development of pain he received, in play, a slight blow from a stick on the same spot, but the soreness caused by this soon subsided and nothing more was thought of it. The pain is not referred to the excrescence, and there is no tenderness on pressure, but the morbid growth is seen to be gradually enlarging, while there is a corresponding increase in the nervous disturbances. In view of the above facts my diagnosis was exostosis and endostosis of the frontal bone. This opinion was agreed to by Dr. B. A. Watson, of Columbia, Mo., who saw the case in consultation.

About the 1st of August, 1882, the patient visited

Dr. E. H. Gregory, of St. Louis, for the purpose of having the tumor removed by trephining. Dr. Gregory declined to operate—a decision which was vindicated by the result of the autopsy. By Dr. Gregory's advice he resumed the line of treatment which had been pursued from the first, viz., iodides as absorbents and anodynes for the relief of pain

There was no perceptible benefit from the use of the iodides, and they were finally discontinued on account of their irritating effects on the stomach; the subsequent treatment was mainly palliative.

Early in the spring of 1883, patient consulted me for an increasing dimness of vision. On examination I concluded that the cause of the trouble was counter-pressure on the optic tract. Within two weeks he was totally blind. He was now obliged to keep his bed, and the powers of life gradually failed till about the first of May, when complete motor and partial sensory paralysis of the left side supervened. At the same time he became somnolent and rapidly passed into a comatose condition, which ended in death on the 17th of June.

Autopsy.—On the 18th, Dr. Hulen of this place assisted me in an examination of the morbid growth and subjacent portions of the brain and membranes. The tumor was denuded of skin and scalp, and a wedge-shaped section about one inch thick at the base was removed. The structure was cancellous bone. A corresponding mass, an endostosis, filled the concavity of the internal surface of the frontal bone. The surface of this portion was studded with sharp, irregular projections.

On removing a larger portion of the skull the meninges were found to be agglutinated to the bone, to each other and to the brain, the force required to separate different structures being sufficient to lacerate the membranes and brain substance. The anterior lobes of the brain presented a dark, gangrenous appearance, the principal disorganization of tissue being in the right, which accounts for the left hemiplegia.

The entire morbid mass, which was somewhat spherical in form, was about the size of an orange.

The frontal sinuses were united and filled with a puriform liquid.

SOCIETY PROCEEDINGS.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Philadelphia, Nov. 8, 1883.

CYLINDRICAL-CELLED EPITHELIOMA OF CÆCUM. Exhibited by Dr. Wm. E. Hughes.

Thomas C., æt. forty-six, occupation of late years car-driver, before that laborer, always exposed much to weather, but had led a fairly regular life, using stimulants, tea, coffee and tobacco very moderately. Much family and business trouble, about which he had worried a geat deal. A brother and his father's sister have phthisis. With these exceptions the family history is good. There is no instance of the occurrence of a malignant growth. Married and the father of five healthy children. He had had the ordinary diseases of childhood. When quite young he received a severe injury, leading to ankylosis of the left knee and consequent wasting of that extremity. In boyhood he had intermittent fever. When a young man any indiscretion in diet or exposure to exhausting influences would produce a slight diarrhœa, never lasting long and always easily controlled. With these exceptions he was perfectly well and strong, and this tendency to looseness of the bowels seemed to be overcome as he grew older. Seven years before coming under observation he had, following exposure, an attack of diarrhœa lasting a few days and disappearing spontaneously; in the next month his bowels were regular, but at the end of that period the diarrhœa recurred. For the next four years he had diarrhœa, alternating with regularity of bowels—the diarrhœa becoming more violent and uncontrollable and the periods of regularity shorter. For three years the diarrhœa had been constant, worse in the winter and much aggravated by exposures, overwork or any other indiscretion. There had been no pain in the abdomen, and but rarely a slight feeling of discomfort, due as he thought to flatulence. Appetite till within a year had been good, since then capricious, with occasional slight dyspeptic symptoms. During the three years in which the diarrhœa was constant he slowly and steadily lost flesh and strength, though his general health was good. During the last twenty months the quantity of urine passed exceeded the normal—at times rising, according to the patient's statement, to more than a gallon in twenty-four hours, this exceedingly profuse urination being always accompanied by extreme thirst. During the latter part of this period there had been œdema of the lower extremities, much more marked on the left, appearing and disappearing irregularly. When he came under observation the patient presented the following conditions: Tall, emaciated, his frame gave evidence of great muscular development at one time. Expression, moody, discontented. Complexion—sallow, earthy, pasty. Sclera, pearly. Appetite poor, very slight dyspepsia. Tongue clean. Bowels are moved from ten to fifteen times in twenty-four hours. The movements are neither preceded nor accompanied by pain. The passages are dark, watery, frothy, and exceedingly fetid. They contain neither blood nor mucous, though the patient says if he takes cold large quantities of mucus invariably make their appearance in the stools. Abdomen slightly

tympanitic; not the slightest tenderness can be developed on the deepest pressure, nor can any abnormality be detected. However, a thorough examination could not be made, as the ribs extended almost to the crests of the ilia. The apex beat of the heart is in the fifth interspace, just outside of the nipple, the impulse strong, heavy and the second sound somewhat accentuated. The quantity of urine passed is increased its specific gravity 1012, and it contains neither albumen nor tube casts, though the patient says large quantities of albumen were found in it some weeks before. Slight œdema of lower extremities more marked on left; no fluid in any of the cavities. He was under treatment a week, improving markedly, the number of stools being reduced to two per day. At the end of that time he was seized with a chill, followed by fever (102°) and intense exhaustion. He died in a few hours, apparently from general failure of vital forces.

Autopsy.—Ten hours after death. Some serous fluid in each pleural cavity, with old adhesions at apices. Lungs showed puckering and cicatrices at apices. Both were extremely œdematous, with decided hypostatic congestion. Heart somewhat hypertrophied. Mitral valve slightly thickened, but competent. Left ventricle firmly contracted. Right less firm, its cavity containing currant jelly and small amount of chicken-fat clot, somewhat cirrhotic and fatty; size normal. Kidney showed thickening of walls of arteries and adherent capsules. Small intestines normal. Wall of the large intestines thickened, the thickening due principally to a hyperplasia of the mucous membrane, which was soft, velvety, dark, lead-colored, studded with hard white points, the hypertrophied follicles. In the cæcum completely surrounding the gut, but producing no obstruction, was a ragged ulcerated-neoplasm developed apparently from the mucous membrane. It was abruptly limited by the ilio-cæcal valve and did not involve the vermiform appendix. The abdominal lymphatic glands were all enlarged. There was no secondary deposits in any of the organs. Microscopic examination of the growth showed it to be a cylindrical-celled epithelioma.

Remarks.—The case was one in which evidently the neoplasm was the result of the chronic catarrhal condition of the mucous membrane of the large intestine, or else the cancerous growth had been of unusually long duration (seven years). That the former was not the case is probable from the fact that the catarrh was limited to the mucous membrane below the ulcerated growth, the small intestines being perfectly healthy. Sudden death is quite common in chronic diarrhœa, especially the form due to cancer, and is difficult of explanation. Possibly some sudden disturbance of the vasa-motor centers, the cause acting through the abdominal sympathetic, may be at the bottom of it.

Case of Sarcoma occupying the Anterior Mediastinum. By Dr. Edward T. Bruen.

A. M., a male, came under my notice as a patient in Blockley Hospital in December, 1882. His family history was excellent, and he had enjoyed good health until eight months before. His illness had been chiefly characterized by emaciation and pain in the chest. He was a tall, slightly built man, and when I saw him had evidently lost half his weight. The pain was most severe over the upper segment of the sternum and radiated around the chest. There was dullness on percussion over the upper piece of the sternum, the respiratory murmur at the right border of the upper part of the sternum was bronchial. The cardiac sounds, particularly the second sounds, were almost absent. The noticeable feature about the above signs of percussion and auscultation seemed to be the localization of the pathological physical signs to a district scarcely more than four square inches of the upper part of the sternum; the dullness downwards was continuous with the cardiac dullness. Elsewhere the physical signs were normal. There was in addition to the above some lividity of the face, with enlargement of the veins of the upper part of the neck. The patient died in February, 1883, from exhaustion, worn out by the pain, which increased with the progress of the case. The case was conspicuous by the absence of any symptoms implicating other parts of the body.

Post-mortem Examination.—On removing the sternum and the cartilages they were found adherent upon the right side to a mass which occupied the anterior mediastinum. The growth was seven inches long, measuring from the sternal notch, terminating in a somewhat diffused thickening of the visceral pleura, covering the anterior margin of the upper and middle lobe of the right lung. The growth was distinctly sausage-shaped and about two and a half inches broad. It overlaid the aorta, pulmonary artery and the vessels of the neck, thereby compressing them and accounting for the muffling of the second sound during life. The growth seemed to be unconnected with the anterior mediastinal glands, the glands at the root of the lung were only slightly swollen, but not generally affected. The calibre of the trachea was not diminished. The glands of the neck were not affected on either side. Laterally at the lower portion of the growth the pleura of the lung was thickened at the line of contact, but the lungs were free from traces of disease. The pericardial tissues at the right side of the chest were also somewhat thickened. The growth itself was of fibrous consistence, of a gray-white color, and con-

tained a softened tissue running through its center. It was found on microscopic examination to be composed of medium-seized lymphoid cells mixed with spindle-shaped cells and imbedded in a homogeneous stroma, or a stroma which consisted of reticulated fibres and wavy fibrous tissue. The peripheral thickening of the pleura and pericardium were made up from similar elements.

In conclusion, let me say that during life the tumor was diagnosticated and the opinion entertained that the growth would prove a sarcoma and not a cancer. This diagnosis was based upon the location of the disease in the anterior instead of the posterior mediastinum, upon the age of the patlent, and upon the rapidity of the progress of the case, which began in April and terminated in the following February. There was also entire freedom from inherited tendencies to morbid growth, but it was noted that the patient had been a shoe-maker, and when at work was accustomed to press some of his tools of trade against his sternum. The second interesting point was the absence of any tendency to excite morbid formation in the adjacent tissues. The growth apparently originated in the connective tissue of the mediastinum and not in the bronchia, or thymus glands, and I believe that I am justified from microscopic examination in considering the growth a form of sarcoma, and as being of special interest to the society on account of its rarity. Without having made an extensive examination of recorded cases, yet in looking over the Trans. of London Pathological Society the past ten years I find only three cases recorded of sarcoma of anterior mediastinum, and in only one of these was the growth as localized as the one I present this evening; in the others the glands of axilla or neck were involved, and also in one of them the tissues of the lungs.

Dr. Formad then exhibited the apparatus used by Koch in the cultivation of bacteria, and described the methods used.

Dr. Ridge of Camden, and Dr. Shakespear of Philadelphia, discussed the subject.

Thursday Evening, Nov. 22d, 1883.

The President, Dr. Tyson, in the chair.

Large Intestines from Two Cases of Chronic Dysentery; One of them Showing Pseudo-Polypi.

BY J. H. MUSSER, M.D.

Case I.—The patient had chronic dysentery; further clinical information can not be given. No record of autopsy preserved. The specimen is from the museum of the Presbyterian Hospital, and I present it to-night on account of its rarity. It is a part of the large intestine, fourteen feet long. To the naked eye it shows thickening of the mucous and sub-mucous layers, and hypertrophy of the muscular layer. On the surface of the mucous coat innumerable polypoid growths are observed, some pedunculated, some sessile. The sessile growths are from the size of a millet seed to that of a chestnut, round or ovoid. The others also vary in size from a pea to a large bean; their pedicle is generally a one-sixteenth to one-eighth of an inch long. The reporter remembers seeing the specimen when recently removed, and knows there were more pseudo-polypi than are here visible, many having fallen off from handling, etc.; that there was scarcely any healthy mucous membrane; that in this part of the intestine there was almost complete ulceration of the mucous coat. At one point a large stellate cicatrix, depressed in the center, is noticeable, while all over the surface cicatricial lines are observed, most distinct about the bases of the growths.

Remarks:—In connection with this specimen, I would like to call the attention of the members to a minute description of a similar specimen by Dr. Woodward. His article may be found in the American Journal of Medical Sciences, for January, 1881, and is entitled: Pseudo-polypi of the Colon; an Anomalous Result of Follicular Ulceration. According to the writer, the origin and development of these polypi is as follows: 1st. A granulating ulcerated surface of the intestine. 2d. Numerous islets of mucous membrane on this surface. 3d. "The formation of cicatricial contractions commenced in the infiltrated sub-mucosa constricting the margins of the islets of mucous membrane, which were further transformed by hyperplastic inflammatory processes, until ultimately they acquired the form of pedunculated excrescences, and projected into the lumen of the intestine like so many little polypi"—being pushed out by the contraction of the connective tissue. Although the surface of the mucous membrane appeared to the naked eye healthy, with the microscope it showed it was sub-mucous connective tissue infiltrated with lymphoid elements. A pseudo-polypus is composed of a central portion of connective tissue and a peripheral portion of dseased mucous membrane, the former continuous with the sub-mucous layer, the latter limited to the surface of the growth. The histological changes in the mucous and sub-mucous layers resembled those of chronic inflammation. The remainder of the bowel showed follicular ulceration. I am unable to say what the condition of other parts of the bowel in the specimen exhibited was.

Case II.—For this specimen I am indebted to Dr. Gittings, of West Phil., for whom I made the autopsy. It was removed from a well known druggist of this city, who had been a sufferer from chronic dysentery for some time. The bowel affc

tion was especially severe during the past summer. He had been ill of an acute exacerbation for about one week when Dr. Gittings was asked to see him. The symptoms were of an acute dysentery, but not alarming. The effects of the habit of using chloroform, chloral, and alcoholics to excess, which habit he continued during his illness, complicated the clinical features. About the 10th day of his illness the typhoid state suddenly developed, and he died in coma two days thereafter. His temperature never was higher than 102°, tormina and tenesmus were marked, bloody and mucous discharges were excessive.

Autopsy eighteen hours after death: Rigor-mortis marked. Body well nourished. On section the abdominal walls were loaded with fat, and large deposits of this tissue were found in the great and lesser omentum, the meso-colon, and the epiplicæ. The mesenteric and lumbar lymphatic glands were not enlarged. The cæcum was surrounded by old lymph, the appendix bound down by adhesions and thickened. The cæcum was dilated, the transverse and descending colon contracted; the walls of the entire colon were thickened. On opening the large intestine it was found to be extensively ulcerated. The mucous membrane and the ulcers were strikingly anæmic and of a pale cream color; there were no points of hemorrhage. The walls were thickened; the mucous membrane swollen; the ulcers were more numerous and larger in size at the cæcum. The smaller ulcers were the size of a dime; some of the larger extended around the gut, and were one-half inch to one inch wide. The edges of the ulcers were regular, bevelled, and thickened; the floor rather clean; the deepest did not extend beyond the muscular coat, the more superficial only included the mucous membrane. The larger ulcers were on the top of the folds of the intestine. A tenacious thick mucous covered alike the ulcers and the adjacent structures.

Condition of other organs: Liver enlarged and fatty. Kidneys markedly cirrhotic. Spleen normal. Heart slightly hypertrophied. Microscopical examination revealed the changes in the intestine of chronic inflammation, and that the ulceration was of a simple nature and not due to tubercle.

THE ROCK RIVER MEDICAL SOCIETY.

Meeting held in Hartford, Wis., Nov. 8, '83.

S. L. Marston, M.D., Vice-President, in the chair.

Dr. Rogers, of Hartford, presented a patient before the society for examination.

Drs. Senn, Manley, and Dodge were appointed a ocmmittee to investigate the case, and reported the man was not suffering from locomotor ataxia as has been supposed, but that all trouble was referable to insufficiency and stenosis of the aortic valves, with consequent thrombosis of some of the smaller brain arteries, which in turn had resulted in brain softening.

This report was criticised at some length by Dr. Marston, who held, that besides the disease of the circulatory organs there was also evidence of locomotor ataxia in its first stage.

The pathology and treatment of chronic ulcers was the next subject taken up for discussion.

Dr. Manley stated that constitutional treatment was of prime importance in many cases, and that in ulcers of the cervix uteri he had seen much good resulting from painting with iodine and nitrate of silver.

Dr. Dodson thinks highly of elevated position of limb, and bandaging with adhesive plaster in ulcers of the leg, and if they are indolent he thinks sprinkling with calomel is of benefit.

Dr. Dodge praised the elastic bandage with a little oakum underneath, in the treatment of ulcers of the leg. If foul, he holds that eucalyptol is better than iodoform or carbolic acid.

Dr. Senn, entering upon the subject more fully, stated that specific ulcers, such as tubercular and syphilitic, must be treated by specific and constitutional remedies. In simple ulcers the circulation is at fault; they should not be powdered, nor should cotton be applied to them. Simple unbleached muslin is a good absorbent for them after being rendered antiseptic by a four per cent solution of carbolic acid. Hospital treatment is better, because rest is better carried out than in private practice. Chronic ulcers must be made simple. His mode of treatment being to shave surroundings of the ulcer, the application of the actual cautery, elevated position, moisture, warmth. Then comes skin grafting, in which careful drying of granulations is necessary for success. Grafts to be protected by oiled silk, and this to be covered by cotton one inch thick, over the whole a compressing bandage. After five days, removal of dressing. The new skin must be protected for a long time yet, and the patient only to be gradually allowed to return to his vocation. The permeable rubber bandage, at this time, is of good service.

Dr. Rogers prepares irritable ulcers by fomenting them for three days, and then applies the ointment of oxide of zinc.

Dr. Dodge extolls Esmarch's bandage.

Dr. Massmann endorsed the views of Dr. Senn, and has great faith in iodoform.

Report of Committee on Surgery.

Dr. Senn delivered a short lecture on sarcoma, which was very instructive and well received.

Dr. Dodge reported a case of a tumor which de-

veloped on cicatricial tissue. The patient, when a child, had been severely burnt, and when over thirty years of age an ulcer developed over the deltoid muscle, which gradually got larger in spite of iodoform, calomel, and eucalyptol, which latter had seemed to do some good for a time. Most of the physicians who saw the case at the time diagnosed it as lupus. Dr. Senn, however, had thought it was epithelioma, which latter was without doubt the correct view, considering its subsequent course. The tumor and ulcer were removed, and skin grafting performed; after a few weeks there was breaking down of the granulations and cicatrix. Amputation of arm at the shoulder-joint was then performed, but a short time afterwards there was a recurrence of the tumor in the axilla, which was also removed. In each instance the wound healed kindly. Later on the patient suffered an attack of supposed sciatica. Three weeks before his death there was a hacking cough, with expectoration of a colloid mass, general sinking, death.

On motion, the society adjourned to meet again in Fond du Lac, the second Thursday in January, 1884.

BOOK REVIEWS.

TYPES OF INSANITY, an Illustrated Guide in the Physical Diagnosis of Mental Disease. By Allen Mc Lane Hamilton, M.D., one of the consulting physicians to the Insane Asylums of New York City, and the Hudson River State Hospital for the Insane, etc. New York: Wm. Wood & Co., 1883. St. Louis: J. H. Chambers & Co.

Disease of the mind is, and will probably always be, classified by the functional derangements of its different faculties. And as most expressive of the state of the mind, when we wish to inquire into that, we study the features, the physiognomy. No single symptom gives us as much information.

Dr. Hamilton has well recognized this fact, and has selected typical cases of different states of the mind, which he had admirably drawn from instantaneous photographs. The types represented are: idiocy, imbecility, melancholia attonita, chronic melancholia, subacute mania, chronic mania, dementia, a case of general paresis in an advanced stage, and a few plates of affections of the ear and conditions of the teeth in the mentally deficient. In the text the author describes other physical signs valuable in the diagnosis of mental disease, careful sphymographic tracings, specimens of handwriting, and concludes by giving abstracts of the laws of the various states in reference to the commitment of the insane. The book is a 4to volume, with clear large type, and presents an elegant appearance. It is certainly a desirable addition to the library.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USE OF ELECTRICITY. By Dr. Geo. M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D. Fourth edition. Revised by A. D. Rockwell, M.D. New York: Wm. Wood & Co., 1883. 8vo. vol., 758 pp. St. Louis: J. H. Chambers & Co.

This work is a standard among the works on electricity in America, and the fact that it has reached the fourth edition proves its popularity. It is perhaps the largest and most comprehensive book on electro-therapeutics written in the English language. It embodies much of the life work of the late Dr. Geo. M. Beard, whose loss to science we all deplore. The rapid progress of this department of medicine, in which the workers are particularly active, and with the advancing knowledge of neurology are able to employ more precise methods of research, might have called for a more general revision of this work. The chapter on Franklinic electricity has been rewritten, as the application of this form of electricity has had a new boom, particularly in France. The chapter on Midwifery has become very interesting on account of the author's gratifying results obtained in the treatment of extra-uterine pregnancy. In cases in which tubal pregnancy was diagnosed in an early stage, the author has been able to arrest the development of the fœtus by the galvanic current, so as to allow it to become encysted and absorbed, changing this dreaded abnormality of pregnancy to a comparatively harmless complication.

The author divides the history of electro-therapeutics into three eras, and still seems to live in the era of faradization, which dates from the invention of the induction current, by the buzzing and humming of which electro-therapeutics first became widely popular. In the present time, however, the palm is accorded to the galvanic current by all the best authorities, as the most powerful for good and for evil, but its action is more quiet, its application requires more experience, accurate localization, and, to enable precise dosage, more accessory apparatus than the faradic. We miss the mention of the unit of measure of the galvanic current recently decided upon at the International Congress of electricians at Paris, which made the "Ampere" the absolute unit. For medical purposes the "Milliampere" is recommended, and galvanometers are now empirically graded according to that. By their use the dosage of electricity may be as accurately stated as it can with any other medicine. But the author does not seem to have much use for the galvanometer, to judge from the paucity of his remarks in regard to it. Nor is the "reaction of degeneration" in relation to disease of the nerves and muscles entered into sufficiently. Where an accurate diagnosis of a nervous affection can not be

made, and therefore the current not applied in "loco morbi," most every empiric has employed a diffuse way of applying electricity, which the authors developed into general faradization and central galvanization," for which they claim great tonic effects and employ it for all diseases, from simple headache to consumption, and which induces them to apply electricity for a great many affections for which we have better remedies if only an accurate diagnosis is made. Where a psychcial effect is desired, as in some cases of hysteria,hypochondriasis, etc., we fully recognize these methods as pre-eminently efficient. But we hold that the employment of electricity as a remedial agent, in order to preserve it from falling into discredit and into the hands of charlatans, should be confined to those affections (of the nerves principally) in which it is superior to other remedies. Speaking of diseases of the ear, the author says, that on account of its anatomical position it is even more inaccessible to the current than the eye. We think the author has been particularly unfortunate in this statement, as in the first place the eye is not very inaccessible to the current, and the ear(acoustic nerve) by its very anatomical position, enclosed by an ill-conducting bony canal, is peculiarly well placed to react typically to the action of the poles, as has been abundantly shown by Brenner. And which position enables one to make use of the galvanic current admirably in the diagnosis and treatment of this nerve. The case mentioned under the head of posterior spinal sclerosis we do not consider typical of that disease (according to the symptoms recorded), in fact the author seems to confound the symptom, ataxia, with the above disease. Aside from little inaccuracies and want of scientific precision which is hardly to be expected in a work of this kind, the book embodies much that is meritorious and interesting, as is generally known.

The type is clear and the work is well and abundantly illustrated.

A Manual of Practical Hygiene. By Edmund A. Parkes, M D., F.R.S. Edited by F. S. B. Francois de Chaumont, M.D., F.R.S. Sixth edition, with an appendix by Frederick N. Owen. In two volumes. St. Louis: J.H. Chambers & Co.

We have before us only the first of these two volumes, which constitutes the September number of this year of the Wood's Library of Standard Medical Authors. It begins with the study of water, which it presents in all its various aspects, devoting to it 111 pages. Air, ventilation and the examination of the air takes up nearly a hundred pages; the following 150 pages are devoted to the study of food, beverages and condiments; and the remainder to the study of soils in relation to health. These various subjects are discussed with detail and efficiency. The general characters given of good bread are so practical that we would like to see them constitute a part of the curriculum of every graduate in our girl schools: we extract it for publication in another part of the journal. In the article on vinegar we were disappointed at not finding some information respecting the different sources of vinegar, as well as some information about the vinegar eel. According to our observation this eel is found in almost all cider vinegar, whether they have any significance or not, as in their hygiene relations should have been here discussed.

BOOKS AND PAMPHLETS RECEIVED.

The Physician's Daily Pocket Record. By S. W. Butler. Published at 115 S. 7th St., Phila.

The Treatment of Wounds, as based on Evolutionary Laws. By C. P. Mitchell, M.R.C.S. Published by J. H. Vail & Co., New York.

Adherent and Contracted Prepuce, commonly called Congenital Phimosis. By De Forest Willard, M.D. Reprint Phil. Med. Times.

Club Foot—Simple Measures for its Early Relief. By De Forrest Willard, M.D. Reprint Trans. Med. Soc. State Pennsylvania.

Report of Cases of Tri-facial Neuralgia. By A. Van Derveer, M.D. Reprint Alienist and Neurologist.

Case of Subcutaneous Section of Femur above Trochanter Major. By A. Van Derveer, M.D.

Defective Drainage. By A. Van Derveer, M.D. Reprint from Sanitarian.

Memoir of Jonathan Letterman, M.D., Surgeon United States Army and Medical Director of the Army of the Potomac. Reprint Journal Military Service Institution, volume 10, No. 15, September, 1883.

A Treatise on Therapeutics, comprising Materia Medica and Toxicology, with especial reference to the application of the physiological action of drugs to clinical medicine. By H. C. Wood, M.D., Professor of Materia Medica, University of Pennsylvania, etc. Fifth edition, revised and enlarged. Pp. 740. Philadelphia: J. H. Lippincott & Co. St. Louis: J. H. Chambers & Co.

The Medical Student's Manual of Chemistry. By R. A. Witthaus, A.M., M.D., Professor of Chemistry and Toxicology in the University of Buffalo, etc. Pp. 370. New York: Wm. Wood & Co., 1883. St. Louis: J. H. Chambers & Co.

Transactions of the Medical Association of Georgia. Thirty-fourth Annual Session, 1883. Pp. 275.

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 24. CHICAGO AND ST. LOUIS, DECEMBER 15, 1883. TERMS: $3.00 A YEAR.

THE FOLLOWING, taken from the Independent Practitioner, may not be without interest: A red line on the gums, with fetor and metallic taste, indicates ptyalism. A blue line—lead poisoning. Great sponginess, with sloughing and great fetor—scurvy. A red line about the teeth and along the gums—periostitis. Purple gums and purulent discharge—necrosis. Gums hot, red, swollen, very tense—phlegmon. Gums inflamed and soft, with fluctuation—alveolar abscess. Swollen gums, fetid discharge, mucus patches, shallow ulcers under the tongue, eroded palate, eruption of mouth, skin, and scalp, gums everted, fetid matter from necks of teeth—syphilis. A white-coated tongue denotes—febrile disturbance. A brown, moist tongue—indigestion. A brown, dry tongue—depression, blood-poisoning, typhoid fever. A red, moist tongue—feebleness, exhaustion. A red, dry tongue—inflammatory fever. A red, glazed tongue—general fever, loss of digestion. A tremulous, moist and flabby tongue—feebleness, nervousness. A glazed tongue, with blue appearance—tertiary syphilis. The careful family practitioner into whose care is committed the general health of a household will never neglect the inspection of teeth. It is true that the majority of good mothers watch over that part of the economy with scrupulous care, but at the same time there is still a large number who fall to appreciate its importance, and others again who, although they realize its importance, fail in their investigation. We can only do our duty in this respect by making an earnest effort to realize what it is that produces dental caries. Dr. W. D. Miller, according to the Independent Practitioner, concludes an article read before the American Dental Society of Europe on this subject thus: I may sum up in the following propositions the results of my investigations on the subject of caries dentum: First. The contact of saliva with amylaceous or saccharine food (not to speak of nitrogenous food), or a solution of sugar or starch in saliva, kept at body temperature, invariably gives rise in four or five hours to a strong acid reaction, due to the generation of an organic acid. Second. There must consequently be in the human mouth a constant though variable generation of acid, because of the impossibility of keeping the mouth perfectly free from food and from solutions of amyloids in saliva, which penetrate cracks, pits and fissures, or are held by capillary attraction between the surfaces of the teeth in contact, and there becomes acid by fermentation. Third. The degree of acidity depends somewhat upon the length of time which has elapsed since partaking food, and will be found greatest on rising in the morning. Fourth. A cavity of decay in which saccharine or amylaceous food has remained for some hours, must and will be found, always and without exception, to have an acid reaction. Fifth. The extent to which any tooth suffered from the action of the acid depends upon its density and structure, but more particularly upon the perfection of the enamel and the protection of the neck of the tooth by healthy gums. What we might call the perfect tooth would resist indefinitely the same acid to which a tooth of opposite character would succumb in a few weeks. Sixth. An occasional possible absence of an acid reaction in a cavity of decay is no indication that acid has not participated in the production of the cavity. Little or no value can be attached to tests of the saliva alone. Seventh. Any general or spe-

cial disorder or condition of the system which results in the withdrawal of lime salts from a tooth, or in a lowering of its density, or in a weakening of the chemical union between the organic and inorganic matter of the tooth, renders it more liable to decay. Eighth. Strong acid and corroding substances brought but momentarily into the human mouth, may give rise to lesions of the enamel at points where the ordinary agents alone could never have begun. Ninth. All the macroscopical appearances and characteristics of caries may be produced with the greatest exactness out of the mouth, simply by subjecting teeth to those acid mixtures which are constantly to be found in the mouth. Tenth. The superficial layers of carious dentine undergo an almost, if not absolutely complete decalcification, which decreases as we approach the normal dentine. The same is true of dentine decalcified in saliva and bread. Eleventh. The destruction of the organic constituents follows (not precedes) the decalcification, and is evidently for the most part to be ascribed to the action of fungi. Twelfth. The fungi found in the human mouth do not participate directly in the process of decalcification. The exact part which they perform in the production of an acid reaction requires farther investigation. Thirteenth. The fungi produce the most manifold anatomical changes in the softened dentine, resulting in the complete obliteration of the structure and final disappearance of the tissue in a mass of debris and fungi. Fourteenth. The invasion of micro-organisms is always preceded by the extraction of the lime salts. Fifteenth. The destruction of the tissue remaining after decalcification, is effected almost wholly by fungi alone. Sixteenth. Inflammation can hardly be looked upon as a very important factor in caries of the teeth. Seventeenth. Caries of the enamel is purely chemical, the decalcification resulting at once in the complete dissolution of the tissue. Eighteenth. Caries of cement runs a course analogous to caries of dentine, a softening of the tissue by acids, and following this its destruction by fungi; a slight inflammatory action on the part of the living matter in the corpuscles is not to be excluded.

The Lesions of Syphilis are so multiform and require to be kept so continually in mind, that we deem the following free translation from Annales des Maladies de l' Oreille, etc. will be appreciated. It is the more interesting on account of its association with locomotor ataxia, the relation of which to syphilis is being intensively studied by neurologists. The patient, a man of thirty-two years, contracted syphilis seventeen years ago, and now presents all the recognized symptoms of locomotor ataxia, which began to manifest itself eight years ago. It began by a bilateral paralysis of the external recti muscles, by shooting pains in the lower extremities; and is at present manifested by pains somewhat unusual in legs and arms, by the convergence of the visual axes; well-developed inco-ordination and functional disturbance in the larynx began about two months ago—seventeen years after the initial lesions. At that time, two months ago, the peculiarity, the timbre, of the voice was preserved, but the height and force of the voice was diminished, and periods of intermission in the emission of sound were observed. This intermission increased in frequency, and then was added a sensation of stifling, which was at first only experienced after meals and during the night, but was finally a persistent symptom. At present the voice is gone, the capacity of producing a sound being developed only with difficulty. Such a sound, however, as it is possible to make is clear and not at all hoarse. There is no pain whatever experienced in the larynx either, not even with palpation or deglutition; but respiration is difficult. No swelling is present and nothing observable in the pharynx. No tuberculous history, no spitting of blood; practically no cough and nothing abnormal in the resonance of the chest. The laryngoscope revealed only a generalized redness of the larynx, which extended to the vocal cords. The latter were close together and the patient was unable to separate them, thus establishing either paralysis of such mus

cles as are engaged in separating the vocal cords or a spasm of those whose function it is to close them. The above case is reported from Hôpital Bichat, in the service of Dr. Gouguenheim.

THE LIBRARY COMMITTEE OF THE CHICAGO MEDICAL SOCIETY have issued the following circular to the physicians, dentists and pharmacists of Chicago, and without permission on the part of the committee, we venture to say that if any of our well-to-do practitioners outside of Chicago are interested in the matter the chairman will be glad to hear from them also:

No. 6 Sixteenth Street, Chicago, Dec. 5, 1883.—Dear Doctor: The Trustees of the Public Library, after conference with the Chicago Medical Society, have resolved to found a Medical Department in the Library, and to make appropriations for its maintenance and increase. As the public money available for this purpose is limited, the Chicago Medical Society has voted to expend five hundred dollars of its surplus funds to aid the enterprise, and has directed its Library Committee to appeal to every physician, dentist and pharmacist to give a small sum for the same purpose. There are over 1500 members of these three professions in the county, and a donation of two dollars from each will purchase a large number of practical works on Medicine, Dentistry and Pharmacy, such as every one of them needs to consult. The Public Library will preserve the works, add to their number and insure them against fire. They will not loan them out, but keep them always ready to be consulted and read in the Library Rooms. We ask you, therefore, to kindly co-operate with us by sending two dollars in the enclosed envelope with your name and address to Dr. Edmund Andrews, the Chairman of the Committee on Library, to be expended for this object. Very repectfully yours, Edmund Andrews, M.D., Chairman, Oscar C. De Wolf, M.D., F. C. Holtz, M.D., Library Committee.

WHILST THE BACTERIA QUESTION is in Paris, Vienna and evoking a large amount of personal animus which is scarcely worthy of scientific men, what seem to be facts are still coming to the front. Friedland is said to have cultivated the micrococci of pneumonia, and to have finally succeeded in developing the disease among the lower animals, and another investigator in the public health department in Berlin is said to have cultivated the bacillus of osteo-myelitis, and to have developed the affection from the pure culture. We would here refer to the universal admission of ophthalmologists; there has been no dissenting voice that we are aware of, that the infusion of jequirity, which swarms with bacteria, develops a violent opthmalmia, and that when the infusion is made with such care so as to preclude the presence of bacteria no inflammation is developed. Considering the strenuous efforts which are made on all sides to keep out bacteria from the organism, any positive and intentional effort to introduce them is of interest, and it would not be astonishing if before long we are using bacterial infusions as the most efficient way of overcoming those obstinate cases of gonorrhœa which frequently tire both physician and patient.

THE APPOINTMENT BY THE PRESIDENT of Colonel Robert Murray as Surgeon-General of the Army will be received with satisfaction, not only by the Medical Corps but by the profession at large. He brings to his responsible office all the requisites of an old and well-tried member of the Army Staff. He has served during his long career in every capacity as surgeon in the army, and is practically acquainted with all the details of his department which now fit him for its chief. Aside from this he was in the direct line of promotion, and his appointment must be viewed as an indication on the part of the President to honor the claims of those who by long and faithful services work their way to the front. The best assurances that as Surgeon-General he will discharge the duties of his office faithfully and well are to be found in his previous honorable record as an officer of the army, his high moral character, and his well-acknowledged professional accomplishments.

Synovitis of the Knee Joint was incidentally mentioned before the Chicago Medical Society of November 19, as occurring after an operation on the perineum, and the probaable reason assigned was "the weight put upon the knee by the assistant while holding the patient." Again and again has our ire been excited in witnessing big sturdy men leaning with all their weight on the flexed extremities of weak, fragile women. And who is to blame for this? The assistants? By no means. The operator is to blame. The choice of assistants is made by the operator, and whilst they are responsible to him, he alone is responsible to the patient. If it may be considered remarkable that such a development should occur, those who so consider it—especially operators—should for a while, say only a half hour, not two hours, assume the dorsal position for operation on the perineum, with only fifty pounds dead weight on the pedal extremities. We think they will then cease to wonder at the development of synovitis, and take more precautions to liberate the patient from such a position at the very earliest possible moment consistent with the completion of the work. We once saw this unnecessary torture exhibited to perfection in Vienna. A poor frail woman with a large ovarian tumor was placed on her back with her knees flexed, and held in that position for a full twenty minutes, while the lecturer drawled out his jokes before his audience. If our operators would adopt the plan which we had the pleasure of seeing used by Paen, of Paris, namely, simply tying the legs in position, we think in general it would be a good deal better for the person operated upon. We are aware that a perfect assistant could so vary the position of the limb that the fatigue thus endured would be less, but the majority that we have observed use the patient's leg as leaning post.

The Unsatisfactory way in which examinations are sometimes made for the determination of albumen in the urine, and the necessity of knowing how frequently certain circumstances may puzzle the unwary, we introduce the conclusions of Chateaubourg on the subject; they are taken from Dr. Millard's book on Bright's Disease, and are the result of a great number of examinations made under the most favorable circumstances. 1. Albumen is found in the urine of the majority of healthy persons, more or less abundantly and transient in its character. 2. Rest in bed has a clearly marked influence in diminishing the amount of albumen excreted. 3. Bodily fatigue greatly influences the production of physiological and transient albuminuria. 4. Intellectual labor augments with most people the quantity of albumen existing in the urine. 5. Cold bathing exerts considerable influence in increasing physiological albuminuria. 6. Sexual excitement and menstruation manifestly affect albuminuria in the healthy. 7. Albuminuria is as frequent in children as in adults, but the quantity of albumen excreted is less. 8. Digestion, if accompanied by rest, does not exert much influence upon physiological albuminuria.

A Case of Cysticercus Cerebri in a Child One Year Old.—The London Med. Record, June 15, 1883, says that Dr. O. Soltmann relates the following case (Med. and Surg. Reporter): A child, one year old, was seized with vomiting, convulsions, and squinting, and suddenly died. The post-mortem examination revealed a rickety state of the osseous system. In the middle of the gray substance of the gyrus fornicatus was found a tumor the size of a pea (a cysticercus); one also in the left corpus dentatum, and two smaller tumors in the cortex of the left posterior lobe on its under surface, near the fissura calcarina. No tæniæ were found in the intestines. The author finds only one case of this kind at so early an age. Fleischmann records a case of cysticercus of the brain in a child aged two years.

A Proposed Monument to Dr. J. Marion Sims.—Dr. Harvey L. Byrd, of Baltimore, very properly suggests that an enduring memorial, worthy of his name and fame, should be erected to Dr. Sims in the Central Park of New York.

NERVOUS DERANGEMENTS OF THE HEART was the subject of a paper read by Dr. Milner Fothergill at a recent meeting of the Medical Society of London (Lancet). He called attention to the fact that in organic disease of the heart, usually, some indirect symptom, as shortness of breath on exertion first attracted the notice of the sufferer, while on the contrary in the neurosal affections the attention is drawn directly and immediately to the heart. He observed that this constitutes a broad line of distinction between disease and disorder of the heart. The first form of disorder, he said, was intermittency, a halt in the rhythmic stroke of the heart. As such, it is a mere "neurosal halt," though it is not uncommonly found in elderly men, who may at the same time be the subject of degenerative changes. In these cases, when the halt is increased by an effort, it has a suggestive value; even then the halt is usually felt less by the patient than is the true neurosal halt without any disease. Sometimes the halt is found in the radial pulse when the heart's stroke can be heard; this tells of an arterial blood-wave too feeble to react the radial artery. Then palpitation, not linked with effort, but coming on at other times when quiet is being observed, or even waking the patient up from sleep, is neurosal in character, though having varied causal relationships. Not rarely is it due to some disturbance in the reproductive organs, especially in women. Pain in the side often co-exists with attacks of palpitation, and then the sufferer is sure her heart is "affected." Such "reflex palpitation" is commonly met with. Then there is the "tumultuous" or "badly behaved" heart, whose action is never calm, often a simple nuisance to its owner. There is, too, disturbed action of the heart from indigestion. Then the heart's beat may be slowed by the action of the "inhibitory" fibres of the vagus nerves, or hastened by some action of the "accelerator" fibres. In the latter case the heart may run off at the rate of 200 per minute for some hours, ceasing as rapidly as it began. The opposite condition is also present at intervals in some cases, though more persistent in others. Great disturbances of the heart's action, which is often markedly enfeebled, are found with latent gout, usually relieved by an attack of regular gout. Then there is the "irritable heart," when, though the condition is truly neurosal, there is distinct inability to maintain effort. This is the result of much hard work and mental strain combined, and is commonly seen in medical men. There are also the "smoker's" heart and "tea drinker's" heart, well recognized disorders; truly "toxic" derangements of the heart. Angina pectoris (vaso-motoria) may occur with a heart still structurally sound, or in one where fatty decay is established. In the first it is of comparatively little importance; in the latter it is fraught with danger to life. The treatment of neurosal complaints, it was remarked, is as different as their nature.

DR. MAURICE DUPONT publishes in the Bulletin Général de Thérapeutique, September 30, '83, an original article on the subject of Douches of Compressed Air (Med. Record). He employs air under a pressure of three atmospheres, which is allowed to escape through a tube made of the material used in the manufacture of gum-elastic catheters, provided with a nozzle, the orifice of which measures from eight to ten millimetres. The jet of compressed air is directed upon the bare skin of the patient, who either stands or assumes a recumbent position. The first result of the flagellation is to compress the superficial tissues of the flagellated area and to repel the blood from the peripheral capillaries into those of the deeper parts. Refrigeration of the surface thus treated at once ensues, only to be succeeded by a rapid reaction, which is indicated by marked rubefaction of the skin. The patient does not need friction after the douche, as is the case when the cold water douche has been employed, and since he is not wet, there is no danger of subsequent depressing refrigeration resulting from evaporation. If excessive refrigeration be desired a few drops of liquid may be mingled with the jet of air, a genuine pulverization of the fluid thus obtained and local hemianæsthesia pro-

duced by the rapid evaporation on the cutaneous surface. After the douche the patient experiences an agreeable sense of warmth in the skin, due to the reactionary congestion which rapidly appears, owing to the energetic percussion exerted on the cuticle by the strong current of air. Dr. Dupont regards the douche of compressed air as indicated (1) in pulmonary tuberculosis, chlorosis, anæmia, and obesity, to modify nutrition; (2) in œdema, hydrarthrosis, and ankylosis, to stimulate the circulation and to favor the reabsorption of effusions; (3) in contractures and hyperæsthesias the air-douche has anæsthetic properties, easily augmented by the addition of carbonic dioxide; (4) the air-douche may be a useful adjuvant to electricity in paralysis.

At the Recent Meeting of the French Association for the Advancement of Science, held in Rouen, Dr. Cartaz related a case of transitory hemiplegia, due to cerebral concussion in a child two and one-half years of age (Med. Record). The patient fell, striking the back of his head on the floor. When he was raised up it was observed that he was unable to support himself on the right leg. M. Cartaz found right hemiplegia without anæsthesia, and incomplete facial hemiplegia with aphasia. The child was quiet, there were no convulsions and no coma. There was no lesion of the cranium discoverable, nor was there any febrile reaction. Three days after the injury the child articulated a word that he was accustomed to employ frequently in ordinary conversation. In another three days he had regained the power of speech, and was able to walk, dragging his leg slightly. At the end of another week he had completely recovered. In consideration of the rapidity of the development of the symptoms, the localization of the paralysis (right hemiplegia of both face and trunk), and the absence of any febrile reaction, the author was led to regard the condition as one of concussion of the brain.

At a Recent Meeting of the Obstetrical Society of London, Mr. Lawson Tait read a paper on an undescribed disease of the Fallopian tubes (Lancet). The patient, aged thirty-six, suffered from constant pelvic pain, aggravated during menstruation and after marital intercourse, and was much emaciated and haggard. Medical treatment had been without avail. Great tenderness was the only physical sign of pelvic disease. An exploratory incision was made and the fimbriæ of the tubes found to be adherent by curious little nodules, like millet seeds. The uterine appendages were removed and the patient completely restored to health. The origin and nature of nodules could not be determined, but it was stated by the pathologist who examined them that they were neither cartilage nor bone. Mr. Tait also read a paper on a case of idiopathic gangrene of the uterus. The patient, aged thirty-four, had vague pelvic pain and an offensive watery discharge. The uterus felt soft and flabby, the abdomen was swollen, and there were feverish symptoms. Forty days afterwards the patient died, and on post-mortem examination the uterus was found to be a black, sloughing, stinking mass, having only about a square inch of normal tissue. No cause for the gangrene could be discovered. No operative measure was allowed.

At the Fifty-sixth Session of German Naturalists and Physicians, Dr. Weil, of Heidelberg, presented the genealogical tree of a family of 91 persons, of whom 70 had come to adult life, and of these 23 were affected with diabetes insipidus (Med. News). Of the 23 persons, 5 have died, one lived in America, and 17 were examined by Weil. There is no other hereditary disease in the family, the members of it being generally of robust constitution, and often live to a very advanced age. The grand-father lived to the age of eighty-three; one of his daughters to seventy-four; and two others to sixty-six and sixty-five. Of the seventeen diabetics, five are aged from thirty-nine to sixty-six; two others are twenty and thirty years of age; six are from ten to twenty, and four between two and eight. All are in perfect health except for

their insatiable thirst and abundant urinary secretion. The quantity of urine passed in twenty-four hours by the younger members of the family (under thirteen years of age), is between two and two and a half gallons. One, aged forty-two, passes about five gallons. The appetite of these persons is normal, and the digestion regular. None of them present any nervous or genital troubles. In all those affected by polyuria, the symptoms began in infancy, attaining their maximum towards the age of twenty years, and then diminish after the sixtieth year. This polyuria persists until death; its duration, then, is undetermined, and its prognosis very favorable, unless complicated by some disease of the general health. In answer to certain questions, Dr. Weil said that the heart and vessels were perfectly normal, that only one was addicted to alcoholic liquors, and that moderately, and that it was impossible that the affection could be due to imitation, as the disease began in early infancy, and did not affect all the members of the family. None of the subjects had succeeded in conquering the thirst by habit or force of will. One only had been treated; ergot had diminished the thirst and urinary secretion, but the patient felt the worse for it.

Influence of Diphtheria upon Pregnancy.—In a communication addressed to the Academy of Medicine of Paris (Med. Rec.), Dr. Oliver concludes that diphtheria may acquire an additional gravity when occurring in pregnant women, because of the liability it has to cause abortion. This accident is due, in the larger number of cases, not to asphyxia nor to an elevation of the temperature of the blood, but to some alteration in this fluid, an alteration which, if it is undefined, is nevertheless incontestable. The possibility of abortion, with its dangers, calls for increased precautionary measures and more strict isolation in the case of pregnant women in the same house or in the same hospital ward with patients suffering from diphtheria.

Guedevo has Published Two Cases of rebellious epistaxis which were relieved by tartrate of antimony and potash (Med. News). The usual remedies had been tried in these cases without any good effect, when the following mixture was resorted to: ℞. Tartrate of antimony and potash, gr. ij; distilled water, f℥iv; symple syrup, f℥vj. Sig. Take a teaspoonful every fifteen minutes until vomiting is produced. After more or less vomiting the hemorrhage ceases.

Dr. Leslie Phillips, who has not had inconsiderable experience in ether administration, contributes a very practical article to the Med. Times and Gaz., September 8, '83, from which we take the following (Med. and Surg. Reporter): Mr. Teale made a valuable suggestion when he said that ether should be given in a curve of harmonic progression, as may well be done by a Clover's inhaler, beginning with air, and gradually increasing the dose of ether till the patient breathes nothing but ether vapor. This is the best possible way to avoid struggling and to give courage to the timid. I would add this fact, that the longer a patient has been narcotized, the less ether he requires to keep up the narcosis. The drug has a kind of cumulative action, probably from the tissues becoming saturated with the vapor. At any rate, it is a fact that, in order to be kept under, a strong man, for example, will require to respire unmixed ether vapor until three or four ounces have been inhaled; then, and not till then, may the administration be a little relaxed, and an occasional breath of air be allowed; say on every fourth inspiration the inhaler may be removed. To state it as an aphorism: "The more ether taken, the less is required to prolong the narcosis." The best way to observe the conjunctival reflex is by the associated action of the other orbicularis palpebrarum. Touch the right cornea, and watch the left eye; if the left orbicularis does not respond, suspend ether. It must be observed, however, that from natural causes the conjunctiva in some patients becomes under ether very dry, and then loses to a great extent its sensibility, so that its reflex cannot be elicited. This fact must be borne in mind; for, if not, we may

be apt to think that our patient is deeply narcotized, when such is not the case. Ether acts as a respiratory stimulant, and, when the patient is once asleep, diminution in the force of the respiratory acts generally means that the patient is coming from under the influence of the anæsthetic. If the inhaler be removed, or if there be no ether in it, the breathing may become so feeble as to be almost imperceptible, more especially since it is contrasted with the previous vigorous breathing during inhalation. In this way, alarm at the patient's condition may be caused; but the pulse is good, and, more easily observed still, the eye-reflex will be found much more easily elicited than before. In a few moments, unless more ether is given, the patient will move and come round. During ether narcosis, ankle-clonus may generally be easily obtained. The danger of administering ether in Bright's disease is admitted, and on one occasion the wisdom of the observation forced itself upon my notice. The usual rule observed during the inhalation of ether is that the surface of the body, especially of the face, neck, and upper part of the trunk, gets hyperæmic, and feels hot to the touch. This is more noticed in hot weather. It is to be observed, therefore, that the patient should be covered as much as possible with blankets to prevent chill, which is likely to easily take place in such condition. After the inhalation has been continued for a time we frequently observe that the surface becomes very cold to the touch and bedewed with moisture. This is probably due to shock, and though likely to cause some alarm to the inexperienced, it is, in my observation, of not much significance. For patients who are very anæmic, from long continued disease or from hemorrhage, ether is the appropriate anæsthetic, but even it must be used with much skill and caution. Such patients easily become narcotized, and are easily kept under. At first the pulse and general condition seem to improve, but this will not last long, and signs of failure will very soon be observed, notably failure of wrist-pulse. No rallying power is manifested, the heart gradually fails, the lungs fill up, and the patient dies without recovering consciousness. The lessons which such circumstances should teach are: Firstly, the anæsthetist should use the minimum quantity of the drug, not attempting to produce complete coma. Secondly, the anæsthetist himself should see that the patient is surrounded with hot bottles and blankets during the operation. Thirdly, the surgeon should perform the operation as though the patient was not under the influence of an anæsthetic; he should think he was operating in 1843. Fourthly, when it is obvious that the patient has not rallying power, and it is plain that he is dying from anæmia, it is my opinion that the introduction of a saline fluid into a vein should on no account be omitted.

Professor Buchner States, in the Aertzliches Intelligenz-Blatt (The Chemist and Druggist), that the results obtained by him, by a suitable arsenic treatment, in a number of consumptive cases have led him to conclude that timely and properly regulated doses of arsenic are of intrinsic value in contending with the disease. It appears that arsenic acts as a prophylactic, and hence it should be employed as soon as symptoms of the disease begin to show themselves. The author says that, although in the very early stages the beneficial effects of arsenic are not directly noticeable, from the peculiar latent state of the malady, they are very evident in the case of a patient who has reached the middle stage, the fever and nocturnal perspiration generally completely disappearing with a twelve days' treatment; and further, that when an arsenic treatment is begun when the disease may be said to be ripe, although it is probable that it is too late for a complete cure, great relief is afforded. The arsenic is taken in the form of an aqueous solution of a strength of one to 2,000, of which from five to ten c.c. are given thrice daily with the meals.

M. Jules Simon, of the Hôpital des Enfants Malades, treats croup as follows (Gaillord's Med. Journal): As soon as the malady is diagnosed he touches the throat with lemon juice, or a solution of muriate of iron every

two hours. Every three hours he washes the part affected with a solution of borax (two drachms to the ten ounces). At the same time the atmosphere of the room is charged with atomized phenic solution, a stimulant nourishment is given, and three to five drops of tincture of iron administered every three hours. When dyspnœa becomes apparent an emetic is to be given, but if the symptoms are not relieved tracheotomy must be performed without delay. The results of the operation are not, however, very satisfactory, as when the child is under two years a fatal termination is the rule, whereas about that age one out of five recovers. The after treatment consists in placing a piece of tarltan over the canula, warming the room, and administering beef tea and tincture of iron. The removing and cleaning of the canula should be done by an experienced person, and might be definitely removed after the eighth or tenth day. M. Simon considers that chlorate of potash is of little use in croup.

An Article Relating to the rare phenomenon of sanguineous lachrymation has been published by M. Damalix (Med. Record). He cites two well-authenticated cases of this curious affection, reported respectively by M. Hasner and by M. Brun. In these cases the eyes filled quickly with the bloody tears, the sanguineous character of which was demonstrated by microscopical examination. This affection is to be carefully distinguished from hemorrhages dependent upon orbital or conjunctival disease, such as polypoid conjunctival vegetations developed in the culs-de-sac of the conjunctiva. Genuine bloody tears are quite independent of any ocular or conjunctival disease and their appearance is irregular. No apparent cause leads to their effusion. In some cases the escape of the tears is unattended by pain. In others the patient experiences pain in the forehead, the eyebrow, and at the root of the nose, or a sensation of pruritus, formication, or heat in the eyelids. These morbid sensations persist only a few instants and disappear with the appearance of the tears. The escape of the tears continues only a few minutes and the quantity of sanguineous lachrymal secretion varies from a few drops to a wine-glassful. This phenomenon is usually intermittent, sometimes regular, but almost always transitory and attended by hemorrhages from various cutaneous or mucous surfaces. Sanguineous lachrymation appears, by preference, in anæmic individuals, in those inclined to hæmatophilia and in hysterical women.

The Limited Power of extension possessed by the ring-finger is sometimes of great inconvenience, especially to pianists (Medical Record). In the case of men in whom this condition was very marked, Dr. Forbes recently divided the cross fibres connecting the tendon of the extensor communis for the ring-finger with those passing to the middle and little fingers. The operation was almost painless and the wound healed quickly, leaving an almost imperceptible scar. Before the operation the finger could be raised scarcely one-fourth of an inch, but after the tenotomy it could be extended one and one-fourth inch, and lost nothing of its strength in consequence.

One Point of Highest Importance brought out by Dr. Billings is the small expectation of life of the colored population of our cities, as shown by tables compiled, for the first time, we believe, under his direction (Med. News). From these it appears that of one million colored infants born in Baltimore, one-half will have perished before attaining the age of two years. A similar mortality prevails in other cities where the colored population is large. When it is remembered that of an equal number of white children born in Baltimore, one-half will live thirty-five years, the disproportion becomes startling, and makes imperative a close investigation into the causes, conditions, and remedies for this lamentable state of affairs. Another interesting feature of these tables is the disproportionately greater number of aged colored females than of males. Of the colored males, there will be left at 65 years, 57,252; of females, 93,171; of males

at 75 years, 19,440; of females, 56,283; of males at 85 years, 2,929; of females, 12,726; of males, at 95 years, 315; of females, 1,477; while 75 males and 158 females will attain 100 years of age. As will be seen, these figures show rather a remarkably short duration of life of colored men than of longevity of colored women, who appear to be much shorter lived than their white sisters.

Neudorfer Investigates the subject of narcosis by chloroform, by ether, and by nitrous oxide, and comes to some highly important conclusions, which may be thus summarized (British Med. Jour.) 1. Air cannot hold more than 20 per cent of its bulk of chloroform vapors at the ordinary temperature and pressure. 2. Chloroform acts as a poison upon the red blood corpuscles, but only slowly, even upon corpuscles at rest, whi'st those circulating through the lungs are not long enough under its influence to be destroyed. 3. It has been found by Bernard Gréhaut, Hoppe-Seyler, and Hermann, that hæmoglobin has a greater affinity for carbon monoxide than for oxygen, and for nitrous oxide than for carbon monoxide. In other words, in presence of an excess of carbonic oxide the blood cannot absorb oxygen, and in presence of an excess of nitrous oxide the blood cannot take up either carbonic oxide or oxygen. Hoppe-Seyler and Gréhaut think that if the weakest of these gases (in their affinity for hæmoglobin) be previously present in excess, it hinders absorption of the gases of stronger affinity. As to this, the authors think that it does not hinder this absorption, but that the latter are thus rendered innocuous, and also that the affinity of hæmoglobin for oxygen is not constant, but varies within certain limits. 4. If to an individual, whose hæmoglobin has a relatively weak affinity for oxygen, we give to narcosis a mixture of 20 volumes of chloroform-vapor to every eighty volumes of air, he breathes a mixture holding 16 per cent of oxygen instead of the usual 20 per cent in the air, and it may happen that he may take up little or no oxygen, and the chloroform may exert its fatal effect. This is a simple and sustained method of explaining death by chloroform. 5. Now, by arguing by analogy, since the very poisonous carbonic oxide can be rendered innocuous by the previous presence of other gases in excess, it is to be presumed that in a mixture of chloroform-vapor and oxygen, the chloroform could not exert its evil effects upon the blood-corpuscles. 6. There would be no danger of oxygen-poisoning, for the quantity given would be within the limits of the variations of oxygen taken up in nasal respiration. 7. The bad after-effects of chloroform would be done away with. 8. Twenty per cent of chloroform-vapor would be unnecessary, since three to five per cent are quite enough. 9. As to ether, it can be mixed up with oxygen up to 43 per cent, but it cannot compete with chloroform, because it possesses no constant chemical constitution, and its behavior to human tissues is more prejudicial than that of chloroform. 10. The mixture of nitrous oxide and oxygen acts equally as well as the chloroform and oxygen mixture. 11. Oxygen is easily administered by Limousin's apparatus. 12. Narcosis thus caused is absolutely devoid of danger.

M. Paul Agniel Reports, in the Semaine Médicale (Med. Rec.), the case of a man, twenty-four years of age, who had never been ill, and whose appetite had always been good, who at intervals of a week had noticed the expulsion of segments of tapeworm. After preparation, an infusion of eighty grammes of pomegranate-rind was administered, followed by castor-oil. This brought away an enormous mass of tapeworm, which was found upon examination to consist of eleven worms, with their heads as shown by the hooplets. The mass weighed one kilogram, and the combined length of the different worms amounted to 34.50 métres.

Dr. Frank O. Stockton, of Newark, N. J., has been elected to the professorship of Diseases of the Nose and Throat in the College of Physicians and Surgeons of Chicago.

CONTRIBUTIONS.

REPORT OF AN OBSTINATE CASE OF SCIATICA; TREATMENT, INCLUDING NERVE STRETCHING; RECOVERY.

BY GEORGE J. SINTZEL, OF LONG GROVE, ILLINOIS.

[Read before the Chicago Medical Society, by the Secretary, L. H. Montgomery, M.D.]

On July 13th, of the present year, I was called to see Miss E. S., aged 28, native of Germany, occupation household domestic, daughter of a well-to-do farmer, who had been complaining for some weeks of a severe pain in the right hip. I learned from the history of the case that she menstruated regularly, and that her previous life had been healthy, except in July, 1882, when she contracted malaria that lasted two months. After her recovery from this malady she continued in good health until last April, when she began feeling pain in various joints, changing from one to another as in rheumatism. She stated, however, that she thought her present trouble was the result of her being "barefooted" in the cellar whilst churning, because she experienced acute pain in a few hours later about the right thigh and hip. On examination I found no swelling, but there was marked tenderness in the right hip-joint, which extended posteriorily down the thigh; the pulse and temperature were normal. Judging from the history of her having had (previously) pains of a rheumatic character, I prescribed salicylic acid in solution, alternated with iod. pot., morphia, and vin. colch. sem., and applied a good sized cantharides plaster to the surface over the joint, as I would for an ordinary case of rheumatism. I left her with the expectation of finding her much relieved at my visit next day. Upon seeing her again, I was quite surprised to find her as she had been the day prevously, and complaining of greater pain. I thought possibly the irritated surface in this region from the blister annoyed her, with perhaps some other effects that it might produce upon the system, notably the kidneys, which led me to examine the urine, and I did not give as much attention to the pain (the real seat of the trouble) as I otherwise would have done. Upon examining this secretion I found it quite red in color, and normal in every other respect, and as there was no fever present I considered my case "in statu quo." I then told the attendant to reapply the fly blister toward evening and continue the other remedies. The third day, when visiting her, I was informed that her pain had assumed a different character, that it had become jerking and lancinating, and extended from the hip down the posterior portion of the thigh, and would shoot out at the external malleolus; it also had become paroxysmal and was accompanied with rigors, and great hyperesthesia of the limb. Upon questioning her closely regarding any specific taint, and the characteristic symptoms of locomotor ataxia, I found that none of these were present, and I diagnosed the case to be one of sciatic neuralgia, or a typical case of "sciatica," and told the parents of my conclusion. Considering that she had been affected with malaria the year before, and with the present symptoms of "chills," I gave her five-grain doses of quinine with one-quarter grain morphine every two hours, and again resorted to the application of a fly blister along the course of the nerve. On the morning of the fourth day she was somewhat relieved of the pain. I then increased the quinine to ten grains, given with the same quantity of morphine every three hours. In the evening of the same day, however, a messenger summoned me quickly to the patient, who was raving with pain; her screams could be heard at a neighbor's house a quarter of a mile distant. Upon my arrival I injected hypodermically one-fifth grain of morphine, inserting the point of the syringe over the course of the nerve and plunging it deeply in the tissues, after which she soon experienced relief, but this lasted only fifteen minutes. I then waited a half hour and injected one-sixth grain of morphine, and this quantity was repeated successively every thirty minutes, until the operation had been performed four times, when this procedure was withdrawn. For the succeeding five days she continued taking the quinine and anodynes, until the former remedy was increased to a drachm a day, with no perceptible change or relief. As the disease progressed the symptoms became more distinctly marked. The darting pain became more perceptibly of a lancinating and paroxysmal character, and was especially of a severe form at night, and varied in its exacerbation from one to twelve hours, when it would gradually subside to a milder form, but at no time was she completely free from acute pain. The nocturnal pain would sometimes be ameliorated by the hypodermic use of the morphia with atropia and hot fomentations. The further treatment in the meanwhile consisted in giving her freely of all the different hypnotics at command, including chloral hydrat, belladonna, and aconite, and in combination with these agents we used a small electric battery to its fullest extent. This treatment was continued for ten days, and during a portion of the time we had hopes of their efficacy in that the relief would be permanent, but there was always a tendency to an increase of the trouble after a few hours or a day. As the field of remedies used in this affection is large to select from, I determined to pursue another course, and gave her phosphorus and the various chalybeate preparations, with arsenious acid and nux. The battery was also used in connection with this treatment. This, with proper nourishment, and the constant use of anodynes, was

continued for two weeks longer with no visible signs of improvement. The patient then suggested a consultation, with which idea I was much pleased, and Dr. F. E. Wadhaues was called to see her; we concluded to administer iod. pot. in large doses three times a day, and re-apply a fly blister, also to keep the bowels open freely and administer only sufficient anodynes to control the pain; after five days trial of these remedies they proved to be useless, and the operation of "nerve stretching" was thought to be the only resort to effect a cure. However, other drugs were tried, including galvanism, hot hip baths, chloroform and soap liniment, and massage, for a number of days longer. The patient was confined continually to her bed and had been for several weeks, and as all therapeutical measures were given a sufficient length of time to produce their effect, and both limbs, especially the right one, had become very considerably atrophied from want of activity in her not being able to be about the house, although she was well nourished and had been at no time during the period of her trouble very sick, such as suffering from loss of appetite, or affected with nausea, while the bowels re nained soluble and regular, and the pulse and temperature normal—her menstrual period came about regularly and the flow was natural in other respects—and disgusted with all that had been done, I insisted on the operation of stretching the nerve, which she emphatically objected to having done. I then visited her every two or three days for the succeeding three weeks, the treatment consisting chiefly of anodynes and the use of other ordinary reme ties, which resulted in no sign of curing the patient, and I explained to her that this additional length of time had been lost, and her suffering had become also quite unendurable. She now realized that something radical must be done, and no longer resisted performance of an operation; informed me that she would rather die than suffer the agonizing pain any longer, and that she was anxious to have the operation performed. Dr. L. H. Montgomery was invited in company with Dr. F. E. Wadhaues to consult with me regarding the patient on September 23d, and with these gentlemen we proceeded to perform the operation in the following manner, after she was "brought under" the influence of the anæsthetic (chloroform being used): The patient was placed on her left side, then an incision was made by the first named gentleman corresponding with the middle portion of the pyriformis muscle, and carried downwards about three inches. After the integument, adipose, and superficial fascia had been cut through, the gluteus maximus was divided, exposing the lower border of the pyriformis. He then inserted the index finger of the right hand, and by gentle manipulation was soon able to insinuate one, then two fingers under the nerve, while the limb was extended and held by an assistant. The surgeon made constant traction for fifteen minutes until the nerve was stretched from above downwards, and vice versa, to the extent—estimated to be about one inch; and the operator is supposed to have made traction of eighty pounds, as we determined subsequently in undergoing some experimental physical exercise. The wound was then cleansed by an antiseptic dressing of Listerine, one part to six of water. There was no hæmorrhage but what was easily controlled by sponging. The edges of the wound were brought in apposition by three deep sutures of carbolized catgut and three superficial stitches, then a simple pledget of cloth saturated with the Listerine solution was applied and secured with a bandage, which completed the dressing. She was placed in bed and expressed herself at once as being greatly relieved, and in the course of an hour we left our patient feeling very comfortable. I saw her again the next day, but she had not fully recovered from the effects of the anæsthetic; the pain had completely ceased in the thigh, but she spoke of a slight pain extending from the knee to her ankle. I dressed the wound and administered small doses of chloral hydrate. On the second day after the operation there was a slight rise in her temperature perceptible, the other symptoms remained the same. I gave her two grains of quinine every two hours, and dressed the wound. Third day.—Temperature normal, pain between knee and ankle subsiding, dressed the wound again and continued the tonic. Fourth day.—All pain had ceased entirely, but a symptom that was somewhat aggravating had set in, as she remarked, "There is cold water circulating though my limb." I ordered warm fomentations applied and resumed the chloral. There was no suppuration, and the stitches were removed. Wound nearly healed. Fifth day.—The disagreeable sensation of "shooting of cold water" had considerably decreased; treatment continued; patient got up. Sixth day.—The patient sat up for five hours; she felt well but somewhat weak, and walked the first time in several months. Seventh day.—She was up and about all day; no anodynes had been necessary the last two nights; she has a fine appetite, and the wound is completely healed. As the case presents nothing of further interest, I will state briefly in conclusion, that the patient continued increasing in strength, her limb resumed the normal size, and she did not feel another paroxysm of pain after the operation, and the pains she had below the knee were extremely slight. She resumed her household duties in ten days, and has remained well to date (two months after operating), there being not the slightest trace of any recurrence of the trouble, and she considers herself in perfect health. The case demonstrates clearly what an obstinate and persistent

course sciatica may pursue in a young subject who has always enjoyed excellent health, *sine* the presence of any specific cause, or neurotic taint whatever, and contrary to all treatment did not subside to any method other than that of "nerve stretching." I have not read in any of the "literature" at my command (which, however, is somewhat limited) of a typical case of this kind where the operation was described in detail. In reporting this case, which I regard as having passed to a chronic form, being of nearly two months standing, although I am aware that in a single case so promptly relieved we should not conclude that every one will be as readily cured, my excuse for writing at some length the principle points of it, is with the view of ascertaining more in the shape of statistics regarding the percentage of cures, either from the use of therapeutical measures, or from surgical procedures, either by the white-heated iron or the modern way of nerve stretching.

In a postal received November 19th, I am informed that she is completely restored to health.

SKIN GRAFTING.

BY G. W. HUDSON, M.D., CAMDEN, ARK.

[Read before the State Medical Society of Arkansas at the Eighth Annual Session, held in Little Rock May 30 31, 1883.]

We are all prone to put upon record our successes and not our failures, but would it not be better if we would report more of our failures, that others seeing wherein we failed might profit thereby? The practice of skin grafting has been somewhat limited, or at least I have not been able to find much written about it in our text-books. I have witnessed a few cases in the wards of the charity hospitals of New Orleans and Baltimore, but it seemed to be more of an experiment with the professors, and attended with very little success. I have long wished for a suitable case for skin grafting, that I might exercise my skill in transplanting the delicate pieces of epidermis to healthy granulations, and watch the beautiful process of nature's conservative power in causing those little sets to take root and grow, forming healthy islands of skin, and then as they rapidly increased in size until their margins met and hid from view the loathsome ulcer. But I need not state that my ardor has been gratified, or my ambition appeased, though I think there is something to be learned about the subject yet, and in putting this case on record I do not wish to discourage any weak brother, but to encourage additional investigation. The case I shall report came under my observation seven months ago. A child of Mr. R, age two years, about eighteen months since, while sitting in a little rocking-chair in front of an open fire-place fell forward into the fire, burning the scalp all off on a line with the top of the ears. After taking the usual routine treatment at the hands of the different physicians, and the cure-all plasters of several old women, I was called in to see the case. I found a suppurating surface involving the crown of the head about three by four inches; the child was peevish and fretful, slept but little at night on account of the neuralgic pains, and was a great care to the anxious heart of a weak and feeble mother.

I thought I had found the long looked for case for skin grafting, so I promised the parents a speedy cure of their child. The preparatory treatment consisted in giving the child tonics, and the use of a drying powder on the sore of cinchona bark and prepared chalk, etc., alternating every few nights with a poultice of flax seed and elm-bark. In a fortnight I had the pleasure of seeing the child greatly improved, and the sore and surrounding surface on the same plane. I then began the grafting by taking the slips of skin from the father's and mother's arm and inserted twelve or fifteen points.

I then used an ointment of zinc, bismuth, and iodoform, spread on lint and strapped down with plaster; this dressing was changed every third or fourth day, each time using grafts as I thought advisable; in all I must have inserted two hundred. I had the gratification of seeing about every third set dip down into the granulations and commence to grow, little islands of skin formed and united until there was a bridge of skin across the entire ulcer, with a diminution in the size of the ulcer, two-thirds its former size. At this stage ecchymosed spots began to form here and there, under this new cuticle, which resulted in sloughing, leaving ugly ulcers with phagedenic edges. I used stimulating applications, which would arrest the sloughing at one point only to commence at another.

My faith began to grow weak after four months trial and still not much improvement. It seemed to be utterly impossible for the new grown skin to get sufficient nourishment from the adjacent tissues, which was a firm cicatricial substance about three or four inches broad around the sore.

I then tried chemically prepared sponge, with very little success.

It seemed as if nature had said: "thus far shalt thou go and no farther," and the long entertained hope of a speedy cure had about fled and the heart was sick.

At this juncture I drew forth my lancet and began to scarify the ulcer, which appeared to be a densely organized structure of nerves and blood vessels; a dark grumous blood flowed freely; after the bleeding had about ceased I sponged the sore

freely with salt water, which stopped all capillary oozing of blood. The sore was then bathed freely with Listerine, and dressed with an ointment of bismuth and iodoform; this dressing was changed every day, each time using Listerine. In three days time this sore had decreased one-half, with white cicatricial lines extending across the ulcer. The scarifying was done about every four or five days, with the most perfect success of anything I had tried. I now feel confident if I had used the lancet in my preparatory treatment, the skin grafts would never have broken down. Doubtless many indolent ulcers might be improved by the use of the lancet which have resisted treatment for months and years, and the pain and the neuralgia that generally attend them relieved and cicatrization facilitated.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Saturday, Dec. 1, 1883.

The Vice-President, Dr. Dudley, in the chair.

Dr. Hughes read a "Note on Non-Asylum Treatment and Recoveries of Dementia in the Aged."

He first referred to a case reported in the Alienist and Neurologist of the recovery of a gentleman, aged 64, from an attack of acute dementia after about seventy-five days of treatment. A good prognosis was given, based on the fact that the disturbance was limited, the exciting cause recent, no atheromatous degeneration, etc.

The next case referred to was one in which the dementia was in a sense "terminal," and though the age was less than in the former case, there was atheromatous degeneration. The case looked bad.

Although the difficulty of treating such cases outside of an asylum are great, the physician who understands what moral and physical surroundings and medication are essential may treat them, if all the conditions are favorable, quite well and satisfactorily. The system of rotation in office as connected with insane asylums has worked a good to the public, by furnishing physicians having some experience in the treatment of psychiatric disorders, and capable of judging as to the proper treatment of the insane away from asylums. Not at home, for the treatment of such patients is better anywhere but in their homes where the disease is engendered. To get away from home, with all of its former endearments, is often the dominant impulse and desire of the mentally deranged.

It must not be inferred that the insane can generally be as well treated out of an asylum as in one, or that any well educated physician with simply ordinary experience can treat these cases in general practice, on general principles, and from theoretical considerations. On the contrary, more such cases are sent to the asylum than we attempt to treat. But the results of treating such cases establish the fact that, under favorable circumstances, very grave forms of insanity may be conducted to a successful recovery, and there are occasions when recoveries must be brought about in this way or not at all.

Case I.—Married man, aged 57, medium build and weight. Suffered for many years from obstinate constipation, hemorrhoids, and fits of constipation. When presented, was feeble and had lost weight; there was rectal irritation, abdominal pain, and large hemorrhoids. Obstinate insomnia, apathy of bowels and furred tongue, the latter tremulous when protruded, also are present. Temperature was 2° above normal, pulse feeble and rapid, ate indifferently and digested badly. Troubled with a morbid conviction that he was ruined, and to save his family from impending penury he resorted to cunning expedients to secrete the funds on hand. And when the unmistakable collapse comes—not of his own business, which has been judiciously conducted—but of his mental powers, the money which would have liquidated all of his obligations and more is found secreted about his person and premises. The insanity is revealed in the insane perceptions, judgment, and motive. Here followed the fears and mental processes by which the end was reached, being a most realistic dream in the patient. Such mental stress must soon lead its victim to self-destruction or soon pass into the mental collapse of dementia, if unassisted by medication.

No deception is practiced upon him; he is told his brain is disordered, that he should distrust himself and confide more in his friends. He suspects us of sinister motives at times, but this is transient, and he receives his medicine. Under these circumstances he takes reconstructive neurotics and tranquilizing hypnotics. On the second night he takes a hyosciamin hypodermic injection, receiving it nightly without objection. He awakes a little refreshed, but, in a few hours after rising tranquil, the delusions dominate him again in all their horrible force.

At our morning call he implores us to remove him from his tormentors. He would feel safe if at our house and away from the hospital (St. Luke's), and away from his nurses. A day or two after he is removed to our house, we lie down beside him and he falls into a sweet and tranquil sleep without medication—the sleep of exhaustion and security. New nurses are provided for whom he has no fear, and for a few weeks he remains tranquil and feels more secure. His reconstructing and tranquilizing medication go on. His nutrition is maintained.

One day he goes to the bath-room with his nurse,

who permits him to close it. The fear of danger overpowers him; he drops himself out of the window crying for help. Fortunately the fall is not great—eight feet—and only the fibula is fractured and knee damaged. A profound impression is made by the accident; immediately afterward he exclaimed: "What a fool I was." In a few days the delusion returns in force. This finally culminates in cerebral exhaustion and collapse. His delusion has faded away and with it all physical pain. Dementia benumbs the psychical centres of ideation. He is incoherent in speech, and his delusions are ill-defined and incomplete. He recognizes no friends but mistakes their identity. There is no aphasia; his dejections are passed in bed and all of the proprieties of life are disregarded. This we see in chronic mania often, but especially in terminal dementia where oblivion and the callous scar take the final place of early mental suffering.

But this case recovered. There were factors absent that are not in the ordinary progress of acute insanity or melancholia towards terminal dementia. To differentiate between brain exhaustion and dissolution is not an easy matter, especially in the aged. The differentiation, however, confirmed in these two cases in the sequel, for both remain completely recovered; a letter from the last, dated at the close of October, giving satisfactory evidence of confirmed convalsescence.

The satisfactory result in this case is a cogent illustration of what might be termed the seggregate home plan of managing mental aberration, *i. e.*, the treatment of the patient away from home, with foreign home methods and surroundings, the difference being mainly due to the absence of the patient from familiar scenes and faces, which, at his own home, morbidly impressed. I do not think he could have recovered had he lived in St. Louis instead of in a distant state, where his perplexing business interests and the exciting causes of his mental overthrow surrounded him. Many other forms of mental derangement have recovered in my hands by similar methods of management, and, for the same reason, the writer has consigned other patients coming to him for treatment here, to the care of distant physicians skilled in clinical psychiatry. What is true of insanity is true, often, of certain states of chorea, hysteria, and other psycho-neuroses in their aggravated forms.

Dr. E. H. Gregory presented a specimen of sarcome sent to him from Knob-Noster, the case being discussed at length.

St. Louis, Saturday, Dec. 8, 1883.

The President, Dr. Barret, in the Chair.

Dr. Meisenbach presented specimens of two œtuses and their placentæ. Some years ago a lady complained of losing blood. There was uterine hemorrhage and she was three or four months pregnant. She was ordered to keep quiet. Three weeks later the doctor was called and found that a midwife had delivered her of a partially decomposed fœtus. Made an attempt to remove the placenta, first with the finger and then with placental forceps, but unsuccessfully. Hot water injections and ergot were ordered, and three days later the placenta was still adherent and the same treatment ordered. On the same day the midwife said that another baby had come and showed the fœtus. The placenta was then delivered. The only explanation that can be given is that the placenta was adherent at one part and acted as a valve, and thus prevented the escape of the second fœtus. The question is whether this was a twin pregnancy or a case of superfœtation.

Dr. Pollak, some years ago, had a similar case. He was called to see a woman who was flooding frightfully, her abdomen being large and hard. She had been delivered of a fœtus three months before, and had it in a jar of alcohol. She simply had twins and aborted at different times. The second fœtus was considerably larger than the first.

Dr. Hendrix, five or six years ago, delivered a woman of two fœtuses, one apparently seven months and the other four. The smaller one seemed as if it had been pressed against the wall of the uterus by the other.

Dr. Watkins could not see how we could beieve in superfœtation. He believed the case of Dr. M. one of twins with arrest of development in one. Superfœtation is impossible if the os uteri is closed after conception takes place.

Dr. Atwood had read of a case of a woman who was delivered of triplets; one Malay, one African and one Caucasian. The woman related that she had intercourse with three men, representing those races, upon the same night. This would subvert Dr. Watkins theory, as we have here superfœtation. In Dr. Meisenbach's case there was a wonderful tolerance on the part of the uterus. A member of this society told Dr. A. that he delivered a woman of a seven months fœtus. He found some uterine trouble and swabbed out the uterus for six weeks. He was called in the night suddenly and delivered her of another child. Many years ago Dr. Atwood had a case of obstetrics which he regarded as unique. On examination he found a bag of waters presenting, the mouth of the uterus dilated and dilatable. The bag of water followed the finger, and upon opening it, fluid was found within, and in this a small black substance which he took to be a blighted ovum. Another bag of waters was then discovered in the woman and found to contain a child weighing ten pounds.

Dr. Hurt thought that it was a question whether superfœtation took place where connection was had during the same night. Impregnation may not occur until twenty-four to forty eight hours after coitus.

Dr. Watkins remarked that his intention was to say that impregnation would not take place after the closure of the os uteri. But he believed that conception could take place the same night from several males.

Dr. Renick remarked that in Dr. Meisenbach's specimens one fœtus was apparently two and the other four months old. He could not see how, after the os uteri was closed, another ovum could be impregnated.

[Note.—The case is most probably one of twins in which there was arrest of development in one, as the examination of the reporter showed that there were two placentæ of almost identical size, showing their respective ages to be equal and consequently that of the fœtuses.]

CHICAGO MEDICAL SOCIETY.

Chicago, Dec. 3, 1883.

The Chicago Medical Society held its usual semi-monthly meeting on the above date. In absence of the chairman, Dr. E. L. Holmes was called to preside over the meeting. The Committee on Medical Legislation, provided for at the last meeting, was announced as follows: Dr. James G. Kiernan, Dr. E. Ingalls and Dr. O. C. DeWolf.

Dr. Mary J. Mergler was elected to membership.

The following names were proposed and duly referred to the Board of Censors: Drs. G. F. Hawley, Henry J. Reynolds, L. R. Dawson, Carl Sardbery Martin Behrens, R. C. Jeason and C. D. Westcott.

Dr. Charles W. Purdy then presented a paper on Treatment of Bright's Disease.

DISCUSSION.

Dr. Robert Tilley.—I very much regret taking up the time of the meeting, inasmuch as there are other papers to be read. There are, however, several points we would not like to have passed unnoticed; for instance, the doctor made a distinct statement to this effect, that he knew the pathology of these convulsions associated with albuminuria, inferring that uræmia was the cause of these convulsions. I don't mean to dispute it, but I put it as a question as to whether we do know. I don't think this has been satisfactorily proven, and have doubts about the matter. I think it is pretty well proven by recent facts, that inasmuch as the nervous system sometimes is, in an unknown way, somehow operated upon by the pathological condition of the kidneys, it would not be at all unphilosophical to suppose that certain portions of the brain under these circumstances may in a similar way be influenced by the peculiar changes witnessed in the retina. We know that with the development of albuminuria very frequently the retina undergoes interstitial changes well revealed by the ophthalmoscope. These increase in severity with the albuminuria and subside as the albuminuria subsides. In a case coming under my observation and examined repeatedly with the ophthalmoscope, it was found at times of making observations, that while one eye was affected with albuminuric retinitis, the other eye was perfectly healthy, and not affected at all; notwithstanding the retinitis of the affected eye increased or diminished in proportion to the increase or diminution of the albuminuria. The interesting fact about this case was, that when the autopsy was made only one kidney was found, and it was situated on the same side as the retinitis. If albuminuria can be associated with such marked pathological conditions of the retina, it seems fair to presume that it may be associated with certain pathological conditions of the brain. This presumption is just as philosophical as the theory that the condition is one of uræmia. I would like to say a word on another point. The doctor says, in estimating the amount of urea excreted in a normal way in connection with Bright's disease, that a certain amount not retained was excreted, and that such an amount as was necessary to make up the normal amount excreted was necessarilly retained in the system. Now, I think that assertion must be acknowledged to be positively erroneous. We are not in a position to say, that the quantity of urea that is not eliminated is necessrily retained in the syste m, simply because, as the doctor stated, the skin excretes a very large amount of urea necessarily, and inasmuch as we are in no condition under these circumstances to estimate the amount of urea excreted by the skin, we are in no condition to say all the urea is necessarily retained in the system. One word more relative to the temperature in the Russian and Turkish baths. I understood the doctor to say, that a person in a normal physiological condition has his temperature elevated some four or five degrees in the steam bath. I was not aware that such was the case. If the doctor knows such to be the fact, I would like for him to state it. In reference to diet, I think we pay too much attention to the chemical constituents of the articles we direct the patient to take, instead of the peculiar likes and dislikes of the patient. We should pay more attention to the latter than to the former.

Dr. I. C. Danforth.—My experience with the warm air bath has not been quite so satis-

factory. I have tried it many times, but I don't recollect now of but two patients who would use it any way. They have complained of its producing feelings of faintness, exhaustion and nausea. Nausea has been the result in many cases. I have found that a warm bath that is slightly moistened by steam answers the purpose better, using perhaps half a dozen bricks under a tent made as the doctor suggests, wrapping them in wet napkins or towels. Simply moisten the air but very little. I have found that this warms very much better. I think the paper an excellent resume of our preslent knowledge of Bright's disease.

Dr. Purdy.—My friend Dr. Tilley seems to make some inquiries which, perhaps, demand some attention. In reference to the puerperal convulsions, the doctor asks an explanation as to my making the strong statement that we know them to be due to uræmia. While, of course, we are undecided as to what uræmia is, still we know that authors differ as to whether convulsions are due to the retention of urea in the blood, to some other active principle, or whether it is due to the evolution of carbonate of ammonia. That does not affect the question. The doctor speaks of the pathological changes which occur, as in the retina. I am not aware that it has been questioned but what after death the kidneys are found in the same condition they are in acute nephritis, presenting the same characteristic lesions. It is fair to suppose t e convulsions are of the same character that we have in nephritis. We undoubtedly have nephritis, acute nephritis, in a majority of these cases of eclampsia of pregnancy. It is generally admitted that the convulsions in the two conditions are similar. In reference to these hot baths of which the gentleman speaks, I stated in the paper, and it is endorsed by pretty high authority, as some advocate dry hot air—that it is a fact that evaporation will take place more rapidly in a dry atmosphere than it will in a moist one; not only that, but that heat will be conducted more rapidly from the body in a dry than in a moist atmosphere. The temperature can rise to 101 to 101½ degrees, and in the hot air bath it will rise to 103°. In uræmia it is a question whether it is best to use the hot air bath at all or not, as there is some danger of precipitating uræmic convulsions. I usually practice some other method of depletion, first trying purgation. I generally prefer the dry hot air bath above all other baths for these reasons: You get more fluid from the skin. There is no question at all, but what evaporation from the skin is far more rapid and that the heat of the body is not within one to one and a half degrees of what it is in the Russian bath. As to the diet: It is considered of trivial importance by Dr. Tilley. I consider it of the utmost importance. After the doctor sees a few cases such as I have seen, having observed them closely through the progress of the disease, after the patient sits up—supposing the cases were doing well, and that they were perfectly safe, and then put them on a meat diet and lose his patients in two or three days—it would teach him, as it has taught me, a lesson. I think the meat diet should be avoided in nephritis. The late Dr. Prevan, a gentleman whose opinion I greatly respected, would resort to meat diet in this affection, but I am not only quoting my own views on this point, but some of the most eminent authorities.

Dr. Tilley.—I don't regard the matter of diet in Bright's disease of trivial importance at all. I simply said, that rather than regard the chemical constituents of the food to the extent we do, we should pay more attention to the likes and dislikes of every patient. I don't by any means underestimate the dietetic treatment of Bright's disease. With reference to the temperature, what I wanted to know was, whether the doctor had observed this rise of temperature, and whether within his own knowledge the temperature actually rises in the hot air bath. I was under the impression that the temperature of a person remained almost the same. I want to know whether as a matter of fact the temperature was elevated in this bath.

Dr. Purdy.—I have myself noticed repeatedly that the temperature in the dry hot air bath often rises to 100 or 101½°.

Dr. Tilley.—Of persons in ordinary health?

Dr. Purdy.—As ordinarily healthy as those persons are when not in the bath. You will find that the temperature rises in the Russian bath to 102, 3 or 4 degrees.

Dr. Paoli.—As to the temperature, it is generally 100; but it makes very little difference whether it is 100, 102, 3 or 4, the question is only to assist the kidneys in the eliminations; to relieve them of the extraordinary pressure. Patients may run on for months before we know anything about Bright's disease. We often have cases that are really Bright's disease in which there is no albumen in the urine. In regard to the bath I have this to say: We have many poor people coming to us for treatment, who can't get the bath, who can't change their location. In these cases, we have to resort to other means, such as pilocarpine. The principles of treatment are involved in keeping the bowels open, good warm baths, and good air. In regard to the paper as a whole, it is laborious, very well read, but we find very little that is new in all that was read.

Dr. Danforth.—I don't think the last remark strictly true. I think we have all learned some-

thing from it. The more you read the more you will find out that the treatment of Bright's disease was never more unsatisfactory than at present. In the treatment of disease every man has his hobby. I have commenced four papers on the therapeutics and treatment of Bright's disease to publish, and every time I have come to the conclusion that I didn't know myself what I did think, and quit.

Dr. Holtz then read a paper on the Treatment of Granulated Eyelids by Jequirity, giving the result of his experience in sixty-five cases. Under the name of jequirity the seeds of the Brazilian shrub Abrus Precatorius, popularly known as sea-beans, were introduced by Dr. Wecker, of Paris, as a valuable remedy for trachoma. The infusion, prepared by macerating the pulverized peas for twenty-four hours, has a very peculiar effect upon the conjunctiva, producing a sort of croupous inflammation, which runs its course within one week without doing the slightest harm to the conjunctiva, or cornea. But where the infusion is applied to granulated lids, the production of this jequirity ophthalmia is usually followed by the most marvellous improvement in the condition of the conjunctiva and cornea. The doctor summed up his experience in the following conclusions:

1. Jequirity is the best known remedy for chronic granular conjunctivitis.

2. It is the most efficient remedy for the clearing of trachomatous pannus; and in inveterate forms of pannus it is preferable to the operation (peritomy) as well as to the inoculation of blenorrhœal virus, because it works quicker than the operation, and is safer than the inoculation.

3. It has no injurious effect upon the eyes, and can be used with perfect safety even when the cornea is ulcerated.

4. But it should not be used while the cornea and conjunctiva are actually inflamed.

5. It does not benefit those cases of chronic conjunctivitis in which the symptoms of catarrh (succulence of the retro-tarsal folds) increased secretion, predominate over those of trachoma.

6. The more violent the attacks of jequirity ophthalmia the quicker the cure of the granulated lids, and the speedier the clearing of the cornea.

DISCUSSION.

Dr. Robert Tilley.—I can corroborate what has been said in reference to this agent. So far as my experience goes, it corresponds with the testimony given by Dr. Holtz. I was in Paris when Dr. Wecker was experimenting with this bean for the first time—saw about the first he employed. There is one point of interest in connexion with the facility with which this subject was tested so quickly in all parts of the world. We have already received satisfactory reports even from Australia in reference to the use of this agent. As to bacteria, the question just referred to, it is certainly a fact that they are developed in very large numbers, and that within a few hours after the preparation is made for application to the eyes. The infusion simply swarms with bacteria in twelve hours. I think that Dr. Holtz didn't mention that the preparation is usually allowed to stand about twenty-four hours before it is used. By this time the fluid is just as full of bacteria as it is possible to conceive it; whether these bacteria are the active agents or not is an interesting question. It would be interesting to know if an infusion made with a solution of bichloride of mercury, of sufficient strength to act as a germicide, and yet sufficiently weak not to irritate the eye, would be equally efficient. I have watched the growth of these bacteria to some extent and found it very interesting. They seem to appear as a very minute point at first and then to develop into little chainlets, consisting of two, three, four and more of these same points, or spheres arranged in line. They seem at the early part of their history to prefer the upright position in the fluid in which they are generated.

Dr. Bettmann.—With reference to the remark made by Dr. Tilley about the bichloride of mercury solution, I would say that the observations have been made by Sattler, and that the infusion when made with bichloride of mercury produced no effect, whilst when a fresh infusion was applied, of course containing the bacteria, the characteristic inflammation was developed. Further experiments were made substantiating the supposition that the active agent was bacteria. Granulated lids have also been found to be due to bacteria.

Dr. Colburn.—I have made some experiments in preparing immediate infusions of the article, using the infusion within ten or fifteen minutes after preparation, and obtained the full effect within twelve or fourteen hours, and in some cases I have used it in which I got the full effect within six hours. I remember one case of a young man who had been practically blind, I simply made one application two months ago, and to-day he is at work and enjoying very good sight. For three years prior to making the application, he had been unable to go about without some one to lead him. Of course the pannus was not very dense. I have tried splitting the bean and rubbing it upon the conjunctiva. This method produced a considerable amount of inflammation, but not the amount produced by the preparation.

Dr. Holtz.—I don't wish to extend the discussion any longer, I simply propose to speak of the efficacy of the remedy. I don't speak of an action which I consider theoretical. The general opin-

ion of experimenters is, that the action is due to the presence or operation of bacteria. But so far the experiments certainly in my opinion don't sustain such an opinion. The fact mentioned by Dr. Colburn, that he could produce a very violent type of inflammation by a solution freshly prepared, can't well be considered in harmony with the germ theory. I will state here that after I had written this paper I made a similar experiment; a patient whom I had seen the day before, and told to return next day for an application, came in the morning. I had forgotten all about preparing the infusion. I took the quantity necessary, made a solution, and allowed it to stand ten minutes. By this time the top or surface part of the infusion was as clear as I ever got it by filtration, and allowing it to stand twenty-four hours. With this preparation the lids were brushed over. Next morning the patient returned with fully developed ophthalmia, croupous exudation, as marked as that produced by the other process. With such an observation I have considered it rather premature, I have thought it not prudent, to speak with reference to its action. I simply wish to present the facts; my experience coincides with the experience of many others, that this agent is certainly the most remarkable and most efficient remedy for that disease which has been discovered, and must be considered as a great boon to the ophthalmic physician.

Dr. Tilley suggested that the facts referred to by Dr. Holtz could not exclude the possibility of the active agent being bacteria, and further remarked that if it should prove true, the employment of this jequirity infusion, with the consequent bacteria, would be the first instance of an intentional introduction of bacteria as a remedial agent.

[Note.—The mode of preparing the infusion of jequirity was given in the Review in November.]

SELECTION.

MELANOTIC ROUND AND FUSIFORM CELLED SARCOMA OF ANTRUM; EXCISION OF SUPERIOR MAXILLA; RECOVERY.

BY ARTHUR TREHERN NORTON, F.R.C.S.
Surgeon to St. Mary's Hospital, London.

Read in the Section of Surgery at the Annual Meeting of the British Medical Association in Liverpool, Aug., 1883.

[British Medical Journal.]

The patient came under my care for polypus of the nose, which, he said, he had recognized only three weeks. It presented itself to him as polypus of the nose usually does, a slight obstruction to respiration on one side of the nose gradually increasing, or rather rapidly increasing in his case, for, as I have said, he had only discovered it three weeks before entering the hospital. I found a black mass plainly visible by looking up the right nostril, and, on passing my finger behind the soft palate, I could feel the posterior extremity of the growth, not projecting into the pharynx, but terminating in the nose a short distance from the posterior nares. On withdrawing my finger, it was stained with blood, and the patient said that he frequently spat blood from the back of his throat. On examining it with the probe, I found it unattached on the inner side, and I could limit it above; but, on the outside, part of the inferior turbinated bone was absorbed, and it was attached by a broad base in the region of that bone and above it. The right ala nasi was very prominent, from the pressure of the tumor within. I concluded, from the position of the tumor and knowing the nature of such growths, that it had arisen in the antrum, and grown inwards into the nose. I had no hesitation in stating it to be melanotic sarcoma; but, as one of the staff suggested that there might be an effusion of blood in an ordinary fibromyxoma, I caught a small particle with artery forceps and excised it with curved scissors. Under the microscope it presented cells, some round, and a few fusiform, all pigmented; there was no loose pigment such as would have been seen from the effusion of blood, but all the pigment was in cells.

I decided upon the immediate removal of the growth with all its attachments; and, as it was not yet certain whether or not it had arisen in the antrum, or only in the outer wall of the nose, I determined to investigate this point during the operation, and to be directed in the proceeding accordingly. I made an incision from the inner angle of the eye downwards along the side of the nose, then turned inwards below ala, and down the central line of the upper lip; with the scissors, I next cut through the mucous membrane which joins the lips and the cheek to the upper jaw, and, using a lever instead of a knife, separated all the soft tissues from the upper maxilla as far upwards as the malar bone, so that up to this stage of the operation there was absolutely no bleeding, except from the first incision, which had been arrested by ligaturing the angular branch of the facial artery, and by the aid of cotton wool. I now ascertained that the antrum was full of the growth, so that nothing short of the complete removal of the maxilla would be of any use. With the bone-forceps I then severed the nasal process of the superior maxilla, together with the chief portion of the inner wall of the orbit; then, with one blade of the forceps in the orbit, and the other beneath the zygomatic process of the malar bone, the maxilla was separated from the outer walls of the orbit; next an incisor tooth was drawn, and the hard palate cut through immediately along the side of the septum nasi. The bone being now separated with the exception of

the palatine attachment to the pterygoid process, the mass was seized with lion-forceps and twisted from this attachment and drawn forwards and outwards, in order to separate with the scissors all the soft tissue-attachments at the back of the mouth and palate, and thus completely freed. The skin was re-adapted in the line of incision, and attached by small sutures, and united in such a manner that it was quite impossible to see where the incision was in its chief parts. A subcutaneous injection of morphia was administered, and the diet was milk and small pieces of ice, etc. The temperature never rose above 99°, nor the pulse above 80. The wound was syringed with Condy's fluid, and as the wound was naturally drained of all secretions, none could be retained, and none absorbed, hence the complete absence of all symptomatic fever and constitutional symptoms. On the Wednesday following, that is one week from the date of operation, the patient was walking about the ward, and in twelve days after the operation he left the hospital.

BOOK REVIEWS.

Insanity, its Causes and Prevention. By H. P. Stearns, M.D. 8vo., pp. 250. New York: G. P. Putnam's Sons, 1883.

This little book, written on a subject extremely interesting, is well calculated to present the modern views and causes of insanity. "It has not been written for specialists exclusively, though it is hoped it will not prove wholly uninteresting to them, but rather for those in the general practice of medicine, educators, and the more intelligent lay members of society." The author ably sets forth the causes which in our present state of civilization tend to increase the number of victims, in spite of the more general recognition of these causes and the improved care and methods of treatment. Valuable remarks on education, habits, abuse of stimulants and mental overwork are given. We can heartily recommend the persual of this work. The printing and paper used is of unusual good quality.

The First Cyclus of Vortraege ueber Gesundheitspflege und Rettungswessen, has been delivered by Prof. Edmund at the Hygienic Exhibition of Berlin on the subject of Samaritan Schools.

The professor refers to the German Samaritan Society, which has as its object the dissemination of knowledge as to the first aid in cases of accident by the establishment and support of Samaritan schools. In these schools instruction is given as to the help and care of wounded, and those in danger of death, that may be applied by every layman until the arrival of a physician.

Persons who are liable to be present at cases of accidents are first to be instructed; of these are mentioned policemen, firemen, miners, overseers, sailors, etc. Plates and objects were demonstrated and the handkerchief bandage applied in various ways; directions given as to the transportation of the wounded, and a variety of other useful information imparted. The three principal rules given are: 1. To warn of injurious interference. 2. To admonish, to send for a physician immediately. 3. To teach only such aid as every layman can apply.

The eighteenth year of the Physician's Daily Pocket Record, being a record book for 1884, is before us, and a more conveniently arranged little combination it will be difficult to find. In the list of hypodermic injections, however, we are surprised to find no mention made of that valuable combination of morphia and atropia.

BOOKS AND PAMPHLETS RECEIVED.

Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. Pp. 192. Illinois State Board of Health, 1883.

Sanitary and Statistical Report of the Surgeon-General of the Navy for the year 1881. Pp. 684.

Transactions of the Michigan State Medical Society for the year 1883. No. III., Vol. VIII. Pp. 430.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. Eighty-fifth Annual Session, Baltimore, April, 1883. Pp. 302.

On The Pathology and Treatment of Certain forms of Nerve-Weakness. By C. L. Dana, A.M., M.D., Professor of Mental and Nervous Diseases, New York Post Graduate School, etc. Pp. 28. Reprint from the Medical Record, July 21, 1883.

A Report on Laceration of the Cervix Uteri. By T. B. Harvey, M.D., Professor of Surgical and Clinical Diseases of Women in the College of Indiana, etc. Stenographically reported for the Indiana State Medical Society. Pp. 25.

Antipyretic Treatment of Typhoid Fever. By G. C. Smythe, A.M., M.D., Professor of Principles and Practice of Medicine, Central College Physicians and Surgeons, Indiana, Ind. Pp. 24. Reprint from Cincinnati Lancet and Clinic, October 6, 1883.

A Contribution to the Study of Neglected Laceration of the Cervix Uteri and Perineum. By Thomas A. Ashby, M.D., Professor of Obstetrics, Women's College of Baltimore, etc. Pp. 11. Reprint from Maryland Medical Journal.

Management of Abortion. By Walter Coles, M.D. Reprint from St. Louis Courier of Medicine. Pp. 109-119 inclusive.

THE WEEKLY MEDICAL REVIEW.

VOL. VIII. No. 25. CHICAGO AND ST. LOUIS, DECEMBER 22, 1883. TERMS: $3.00 A YEAR.

QUACKERY IN JOURNALISM.—Although the proprietor and publisher of the "REVIEW" is a layman and consequently not amenable to the "code of ethics," he feels in honor bound to respect the spirit of that honored document, both for the sake of his numerous patrons and friends, and out of deference to business decency and fair play. For, after all, there is nothing in the code, fairly interpreted, to which an honorable gentleman, either in or out of the medical profession, will not cheerfully subscribe. In view of the agitation upon the subject of ethics which has recently absorbed so much attention in the St. Louis Medical Society, and in which certain gentlemen have thrust themselves forward as champions of everything that is virtuous and above reproach, it behooves us to call professional attention to a branch of quackery readily accessible, but which has been strangely ignored in the drag-net reports presented by the Committee on Ethics. These reports have been vigorously applauded by the editor and proprietor of the St. Louis Medical and Surgical Journal. The reason why this individual appears in this new role may be found in his delight that the committee, while so assiduously and with such exemplary ethical spirit spying out the "motes" in the eyes of certain brethren, they quite overlooked the "beam" lodged in the optics of the aforesaid editor. As much as we dislike anything which savors of personal journalism, we cannot consent to further ignore the quackishness which has come to be one of the features of the St. Louis Medical and Surgical Journal, and which has so disgusted a large portion of the profession in this city and section. It was for these and other reasons that the St. Louis Medical Society has recently, by resolution, taken from that journal a monopoly of its proceedings and deposed that publication as its "official organ," a title which it can no longer claim without committing libel. There is nothing inconsistent in a practitioner owning and publishing a medical journal as between a publisher and practitioner, and has been done in many honorable instances, but when the physician uses his journal as a means for advertising himself, the act becomes as reprehensible as anything denounced in the code of ethics. To begin with, every physician should be truthful and honest, and yet the editor and publisher of the St. Louis Medical and Surgical Journal is daily sending out and circulating advertisements which he knows are untrue and calculated to deceive. Take, for instance, an advertisement of his journal in the American Medical Journal for December, 1883 (an eclectic publication), in which he says: "This is the oldest and largest medical journal for $3.00 in the United States, and it has a more prominent and larger circulation than any two medical journals of the regular profession in the West." This advertisement is maintained, notwithstanding the fact that at a recent meeting of the St. Louis Medical Society, when called upon to state the circulation of his journal, he, after much hesitation, placed it at a figure far below what he claimed several years since, and far below the bona fide circulation of the REVIEW or Courier of Medicine, statements of which were made at that meeting, thus showing that in these few years there has been a lamentable falling of of subscribers, and that his journal has declined from the first to the lowest rank among the regular medical periodicals of this city. Not only is the journal in question advertised upon pretensions which are grossly exagger-

ated and fraudulent as regards circulation and influence, bnt it is made the vehicle of such glaring and conspicuous personal and professional advertisement as would shock anyone of ordinary modesty, to say nothing of ethical sensibility. Each number is dotted all through with the name of the editor and always in connection with his specialty. In the November issue now before us, the name of T. F. Rumbold appears in more than thirty different places. He advertises himself as editor of the largest and most influential medical journal in the west; as the author of several books on the treatment of diseases of the throat and nose; as private instructor in the same; as dean, a professor of diseases of the nose, throat and ears in the College for Medical Practitioners;" as "President of the American Rhinological Association," and Heaven knows what else! Such a formidable array of titles is well calculated to dazzle readers at a distance, although it may provoke a smile somewhat akin to pity at home, when "The American Rhinological Association" is only known to its "President" and a few of his personal friends, and when "The College for Medical Practitioners," although we believe it has a corporate existence, is chiefly recognized among the better element of the profession as an institution in which many of them have declined to accept professorships most importunately tendered, and in which some half dozen or more "professorships" still remain vacant—the faculty being actually compelled to advertise for applicants to fill them. (Vide St. Louis Med. and Surg. Jour., Nov., 1883, advertisement page 23). "Parva leves capiunt animus."

The Report of recent meetings of the St. Louis Medical Society, as published elsewhere, have caused some misunderstanding as to the position of certain members upon the "code question." The following extract from Dr. Porter's address as President of the Tri-State Medical Society is definite enough so far as he is concerned and represents the views of many of the St. Louis members. "We yield to none in loyalty to those undying principles which have become the watchword of professional integrity throughout the English speaking world. Let us be very honest in our position. The code when intelligently understood and followed can not be successfully attacked. It is only when misinterpreted and made a cloak and a defence for charlatanism and selfishness that reproach is brought upon it. He who would bring a good law into disrepute by false rendering and oppressive enforcement is a greater criminal than he who ignores all law."

Prof. Seeligmueller read a Paper on the subject of syphilitic neuralgia at the Fifty-sixth Versammlung Deutscher Naturforscher which recently met in Freiberg (Med. News). Neuralgiæ, he said, which are certainly related, etiologically, to constitutional syphilis, are nothing like so uncommon as would be supposed on reference to the literature of the subject. He does not refer, of course, to the cases of neuralgia following syphilitic periostitis, or to the osseous pains, but only to such cases in which the pains occur along the tracks of nerves. Such cases have been observed by Fournier in the course of the supra-orbital and sciatic nerves. Seeligmueller has also observed them in the course of other nerves, as the intercostals, the brachial plexus, and the great occipital. Lately he has observed, it seems, a very typical localization of syphilitic neuralgia in the head, and certainly along nerve tracts, which were formerly supposed to be cases of isolated neuralgic affections in unusual places. In these cases the pains were spontaneous, as though pressure had been made along a track two or three fingers wide, and which extended on both sides from the ear upward to the top of the head. He has further seen cases in which the pains were confined to a limited zone and to the course of sensitive nerves, as the auriculo-temporal and small occipital. There was no middle-ear disease in any of the cases. The time at which the neuralgic affection comes on after syphilitic infection varies from two to fifteen years. The treatment is, of course, antisyphilitic.

In Suggesting When to operate, Dr. Dawson in a letter to a friend, as published in the Amer. Practitioner, says: In the light of present experience the injury must be great if a primary amputation is justifiable. Secondary amputations yield results equal almost, if not quite, to primary ones. This being the case, you are justified in making an effort to save the limb. Amputation should be resorted to when— 1. Where the soft parts are so devitalized that restoration may not be expected, as in railroad injuries or severe gunshot wounds. 2. Where the main artery supplying the limb is divided and the soft parts are badly injured, the limb should be removed. This rule does not apply in mere division of the artery; for then it may be ligated at both ends and the limb saved, if the soft parts are not greatly damaged. The division of a large vein or nerve does not place the limb in jeopardy, as some authorities suggest. 3. The mere exposure of a large joint does not justify amputation. It is called for only when the injury to the joint is associated with a devitalized condition of the associated tissues. 4. No amount of comminution of bone alone should lead to the sacrifice of a limb; for by the movo-immovable dressing the parts can be so securely held in position, can be kept so quiet, that repair may always be expected. 5. When amputation is demanded, Esmarch's bandage should always be used. It economizes blood, and hence prevents shock. If the operation must be made immediately, the elastic apparatus, by saving blood, prevents the increase of the shock. By the Bavarian dressing we can give such rest and support that we can preserve limbs that with the ordinary appliances would be lost. With it we are justified in making an effort to save a limb, that with splints would be regarded as reckless. The whole question may turn upon the mortality following the secondary and primary amputations, and the ability of the closely-fitting and easily-adjusted apparatus to save limbs—badly, fearfully injured ones—limbs that were formerly regarded as hopelessly damaged. In my lectures I prefer the division of amputation into (1) immediate, (2) primary, (3) intermediate, (4) secondary. By the first is meant an amputation performed at once. By the second, an amputation performed within forty-eight hours after receipt of injury, before inflammation has become established. The third or intermediate is between this and the establishment of suppuration. The fourth, or secondary amputation, is one performed after the active symptoms have subsided. This is hardly before the end of seven days. At this time pus is freely proliferated, and tension, except where pus is confined, is at an end. The intermediate operation is a dangerous one, for it is made in the face of a high grade of action, and should never be resorted to. Immediate operations are often unsafe; the surgeon adds to the shock of the accident the shock of the operation. He should wait for reaction, for he has forty-eight hours of safety, or, rather, he will not be prohibited by inflammation before the end of that period. Woe unto the man who is operated upon in the intermediate period! With positive rest and graduated but regular compression, such as we can get by the movable plaster-of-Paris dressing, we are destined to enter upon a new career, and our achievements will be marvellous as compared with the past, when the fragments were hourly disturbed, and bandages acted as cords to strangulate.

In a Paper on "the prevention and treatment of puerperal fever," read before the New York Academy of Medicine, Dr. T. Gaillard Thomas defines the disease as a puerperal septicæmia, believing, regardless of the form it may assume, whether phlebitis, cellulitis, lymphangitis, etc., that the causa morbi is the absorption of poison into the blood through some loss of continuity in the tissues of the genital tract. In regard to its nomenclature he condemns the use of the term "metria," which has lately come into use, as conveying to the mind of the student no accurate idea of its pathology, and advocates the use of the expression puerperal septicæmia as being in accord with modern pathology. He holds that the poison may reach the geni-

tal tract through the atmosphere, or by means of the fingers of the physician or nurse, or by towels, sponges, instruments, etc., used about the patient and brought into contact with the genital organs. Hence, he urges, as prophylactic measures, thoroughly washing the floor and ceiling of the room in which the woman is to be confined with some antiseptic solution, and the removal of all curtains and upholstering. Care on the part of the physician and nurse to change their clothing and disinfect their persons if they have been exposed to typhus, erysipelas, septicæmia, scarlet fever, etc. When labor begins, the nurse, after thoroughly cleansing her hands, should give an antiseptic vaginal injection, repeating it every four hours, in the interim keeping the genitals covered with a napkin wet with an antiseptic solution. The physician and nurse should thoroughly wash their hands and soak them for several minutes in a solution of bichloride of mercury (1 to 1000). All portions of placenta and membranes should be removed, and moderate doses of ergot administered three times a day and continued for at least a week. If the perineum be ruptured, it should be closed at once by sutures; and slight lacerations, if any be found, should be dried with a cloth, touched with equal parts of persulphate of iron and carbolic acid, dried again and then painted with gutta-percha collodion. In six or eight hours after labor the vagina should be syringed with an antiseptic solution, and a suppository of coca butter containing from three to five grains of iodoform should be placed under the os uteri. In ordinary cases the vaginal injections and suppositories should be repeated every eight hours, but in difficult and instrumental cases twice as often. If it be necessary to use a catheter, a new gum-elastic one should be employed, first immersing it in an antiseptic solution; the nurse should not be allowed to use a silver one. The physician should know by personal observation that the nurse is thoroughly qualified for the position she holds. If puerperal septicæmia sets in, a hypodermic injection of morphine should be given to allay pain and nervous irritability, and this may be repeated every six or eight hours if required. The hypodermic syringe should be clean and the needle dipped in a solution of bichloride of mercury (1 to 1000) before it is used An intra-uterine injection of a solution of bichloride of mercury (1 to 2000) should be given by means of Dr. Chamberlain's glass tube or Dr. Lyman's metal one either of which can be fitted to a Davidson or Higginson syringe. The dangers which attend the intra-uterine injections are: First. The entrance of air into the uterine sinuses. Second. The production of hemorrhage. Third. Forcing fluid into the general circulation by introducing the tube into the mouth of a sinus. Fourth. Convulsions and violent pain, which produce a sudden and baneful influence on the nervous system. Fifth. The passage of fluid into the peritoneal cavity through the Fallopian tubes. All of these dangers may be avoided by the use of a large tube with water at not less than 100° F. and using only a moderate degree of force, proceeding carefully, gently and slowly. Should the tube fill up the cervical canal completely, dilatation must be resorted to by means of the fingers or Barnes's dilator. If hemorrhage occurs, persulphate of iron must be added to the antiseptic solution and ergot given. In mild cases these injections may be repeated once in five hours, in others once in three hours or even as often as every hour. The temperature should be controlled by Townsend's rubber-tube coil, through which ice-water flows, and which should cover the entire abdomen. Quinine should be given, fifteen grains night and morning, or Warburg's tincture given in capsules, or salicylate of soda. The diet should be fluid, milk alternating with animal broths. There should be efficient and abundant assistants—two nurses, one for night and one for day, and at least one extra physician as assistant. The antiseptics that may be used are: thymol, boracic acid, salicylic acid, carbolic acid, and bichloride of mercury.

Three Interesting Cases of downward misplacement of the transverse colon are re-

ported in the Polyclinic of December 15th, 1884, by Charles Herman Thomas. In the first case, a male aged eighty years, there was extreme emaciation, feebleness, anorexia, and a profuse but fitful diarrhœa. No pain except when diarrhœa stopped, at which time a tumor five inches long and two inches wide appeared in a transverse position midway between the umbilicus and symphysis pubis, but disappeared when the diarrhœa returned. Death occurred in three weeks. The autopsy showed the transverse colon greatly elongated and narrowed, the loculi being nearly obliterated and forming a loop similar to the letter U, the horizontal portion resting on the small intestine, giving rise to the tumor above described. The second case, a female aged fifty-four, had pain referred to the region of the liver, of a dragging, tearing character, which had existed for four years, and which was relieved by lying down. There was obstinate constipation. Two tumors, elongated in form and of the consistence of solid fæces, were discovered, one on each side of the abdomen. They were parallel to each other, about eight inches apart, and could be traced from the border of the ribs to within two inches of the pelvic brim. Their presence was not constant, and they were thought to be the ascending and descending colon in a state of impaction. The post-mortem revealed complete prolapse of the transverse colon. It was carried beneath the pubes and rested on the bladder. The large intestine was much narrowed and filled throughout with hard, nodulated fæces. The third case, male aged thirty-four, suffered from advanced Bright's disease, had severe pain in abdomen to the right of and a little above the umbilicus. No tumor could be detected, but slight percussion gave an intensely tympanitic sound in the region described. Misplacement of the transverse colon was suspected. Death occurred suddenly. On post-mortem examination the transverse colon was found empty, distended with gas, with a sharp flexure at its center, which bent obliquely downward towards the right to the level of the umbilicus, thence sharply upward to its normal position. In reference to the diagnosis of this affection Dr. Thomas arrives at the following conclusions: (1) Displacement of the transverse colon downward within the abdomen may be, to any degree, partial or complete. (2) Such displacement will present as solid tumor if the bowel be in a state of fæcal impaction, or as a limited area of heightened resonance if the bowel be distended with gas; but in either case the displaced part is to be found in contact with the anterior abdominal wall. (3) The occurrence of an intra-abdominal tumor situated below the normal site of the transverse colon, and having the same general configuration as the colon, such tumor being of a certain consistency, and presenting evidences of being in contact with the anterior abdominal wall; or the occurrence of areas of special tympany with like outlines and similarly located, constitutes a diagnostic sign strongly indicative of downward displacement of the transverse colon.

An Account of the Couvreuse, a hot air bath introduced by Tarnier into the Maternity hospital in Paris, was published a few weeks ago in the Review. Kept in this ho air bath, the children are said to thrive remarkably. Professor Winckel, apparently with the same aim in view, has recently introduced the permanent hot water bath. The temperature is maintained between 37° and 39° centigrade, say as near as possible to a 100° F. The class of cases for which Prof. W. uses these baths are such as are born before term, and such as have respiratory difficulty. Of course, such device as is necessary to keep the head above the water is required. It is said: The infant put into the bath remains there perfectly tranquil. Although when exposed to the air he is restless and cries, as soon as he is placed in the hot bath he is calm, and comfort and well-being are established. Moreover, observations of temperature show that an elevation of bodily temperature takes place. Such an advantage for cases of before-term-born infants is very manifest and does not require discussion. Often when the labor has been prolonged the infant at the moment of birth respires only with artificia

aid. It is stated that in the new-born, where the lungs still preserve the characteristics of fœtal life, the permanent warm bath gives excellent results. Through the influence of the warm bath the blood is drawn to the surface, the lungs are relieved of the excess of blood, and the air rushes in to supply its place, and slowly, in twelve hours or more, the respiration becomes completely normal. This latter application appears to us an excellent device' and far superior both in simplicity and philosophy to the devices usually employed.

At the American Dental Society which met at Cologne, Dr.E. de Trey gave an exceedingly interesting case of non-eruption of the teeth (Independent Practitioner). In the autumn of 1882, he said, Dr. Rossier, of Vevey, came to my office with a young lady, about twenty-six years of age. She had a very healthy appearance, but was in a very nervous state. She had full upper and lower plates, made with gum teeth. The doctor and herself gave me a full explanation of the case. Miss B., from Lausanne, never had a first or second dentition. Not a single tooth ever made its appearance in either jaw. She had been suffering acute pain in the head and in both jaws for the last four months. She could not sleep, and had no rest without morphine. I took out both plates and found the alveolar ridge in a state similar to that in a mouth where all the teeth have been extracted a few months before, but the posterior parts rather flat on the surface, and the place occupied by the eye teeth more prominent. The plate was hurting the patient by an unequal pressure on different parts of the alveolar ridge. I proposed to her to have the teeth extracted in the most painful parts. Miss B. accepted. Chloroform was administered, and with a sharp lancet I laid the gum wide open on both sides of the posterior part of the lower jaw, for extracting the back teeth. I found a strong wall of the aveolus covering the teeth. Having no saw to suit those places I tried the chisel to uncover the teeth, but finding this way too slow and quite unsuccessful, I nsed the burring engine, with a large, sharp, Gates burr drill. In a short time a deep groove was drilled on each side of the alveolus, a piece of it taken out, and the teeth uncovered. My assistant was washing the blood constantly with a syringe and sponge. I extracted six teeth; they were found in all positions, horizontal, up side down, etc., the first tooth joined to the second by exostosis, the roots of some of the first teeth partly absorbed. When I saw that the teeth were in such a condition, I went on extracting all. The front lower teeth presented the greatest difficulty. They were so deeply placed in the jaw that I had to cut perpendicular grooves on each side of the eye-teeth, down to the bottom of the roots, and a deep hole on each of the neck of the tooth, upon which to place the points of narrow and sharp forceps. These teeth were extracted forwards, instead of upwards, as usual. All the other teeth had to go through the same process. The incisors were found in a very healthy condition, and no trace of first dentition left. All the upper teeth were taken out in the same way. One of the eye-teeth was found occupying a horizontal position, towards the middle of the palate. Its place was marked by a prominence. This tooth was very large, and so very deeply placed that I was afraid of making an opening into the nasal fossa. The Gates burr drill worked beautifully in cutting the bone, yet I never had to use so much strength as for this extraction. The tooth adhered to the bone, and had a slight exostosis. The wisdom teeth were also found very deeply placed. The operation lasted about two hours; the quantity of blood running all the time made it slow. The patient went back to Lausanne the same day. She came back twice, to have small pieces of the alveolus extracted. Since the operation she has been entirely free from pain. Wishing to know something about the patient's teeth, I wrote to the mother, who gave me full information. Father and mother had good teeth until the age of fifty. They had never heard of such a case in their family.

Revue Medicale, Nov. 24, '83, credits

Professor Vulpean with the statement that bichromate of potassium cures pseudo-cancer of the stomach and pseudo-cancer of the uterus. The remedy, he says, does not act locally but through the circulation. He administers it in all cases where a cancer of the stomach is probable. In almost all he obtains an amelioration, and some cases were cured. In one case of disease of the uterus, where the diagnosis of cancer was made by the interne, accepted by the attending physician, and the same diagnosis made by the physician before the patient's admission to the hospital, the usual mode of administering the potassium bichromate was adopted, namely, one centigram in pill form three times a day for three days, then six centigrams a day for three days, then a persistent use of nine centigrams in nine pills indefinitely; to the astonishment of those concerned the patient got well. The conclusion was that the disease was not cancerous, and in order to avoid all ambiguity on the subject, Vulpean adds, "I do not believe in the efficacy of bichromate of potassium over true cancer of the uterus anymore than I do in a case of true cancer of the stomach." As both cases, however, are so hopeless and so capable of being mis-diagnosed, the bichromate of potassium is a desirable drug to be acquainted with.

Oleic Acid is extensively treated of by Dr. E. R. Squibb, in its relation to the various tests given by the U. S. P., and also to its physiological bearing. He concludes the article as follows: As local agents for the treatment of external and local affections such as diseases of the skin, the question of the most prompt and rapid absorption is of comparatively little consequence. But when quinia, morphia, mercury, etc., are to be introduced into the blood for general therapeutic effect, the most prompt and rapid absorption is very important. And from this point of view, if the oleates are even moderately successful, as they now appear to be, their utility has as yet only begun to be realised in medicines. The rapidity with which they are absorbed from the surface body is certainly remarkable, and seems to vary very little in different portions of the skin, but varies very much in different conditions of health and disease. A moist skin, and especially the leaky skin of collapse, or of low vitality, and a sweating surface, absorbs oleates badly or not at all; and from this condition to that of the very prompt absorption of health there are of course all possible degrees of activity and inactivity.

The Following Interesting Case, taken from the Amer. Jour. of Obstetrics, appears in the Med. Record: Child now two years seven months old, began to menstruate when four months old. Flow comes regularly every twenty-eight days, and lasts four or five days. She weighs forty-nine pounds. Has features and form of a girl ten or twelve years old. Mammary glands as large as small oranges. The mons veneris is well developed and covered with a full growth of hair. The external labia large, and all parts of the vulva fully formed. All functions seem to be performed normally. Has never shown any disposition to handle her parts or masturbate in any way. Is quite modest with her mother, and particularly so with her father. Her tastes belong to a child much older. She is bright and intelligent, but easily irritated, especially at the beginning of the menstrual epoch. Parents not related. Family history good. No other case of the kind ever known in family. Her future sexual history will be very interesting. At what age can the menopause be expected? In the Brooklyn Museum the "Baby Venus" is on exhibition. She is a child three years old, weighs sixty-five pounds, health perfect, has never been sick, features of a young lady, and mammary glands fully developed. Pelvis and vulva much more fully developed than children of her age. Has never menstruated. In our last number we mentioned two cases of temporary sexual development in children, caused by local irritation and reflex action it was thought. These two cases have no local cause and are permanent.

At the September Meeting of the American Gynecological Society, W. H. Byford, M.D., read a paper, the summary of which is as follows: The proportions deducible from the facts contained in this paper are, 1st. The inner surface of an abscess is the same in structure and other qualities as the surface of an external ulcer. It is covered with granulations which produce pus. 2d. Those granulations, as those of external ulcer, are sometimes exuberant, and form masses similar but generally larger than the fungoid projections of an external ulcer, hanging like tags within the cavity. They may be frail and flabby and give rise to ichorous pus and bleed, or they may be vigorous and produce laudable pus. In most cases these fungoid granular projections must be curetted away by the finger or a dull instrument, before the cavity will fill up. 3. In other instances of chronic abscess, as the inflammation of the surrounding tissues subsides and the exudations are removed, the granulations disappear and the lining membrane becomes cicatrised, and the process of suppuration is suspended. This is the condition known under the misnomer of encysted abscess. It is a cavity lined with a cicatricial membrane. This lining membrane is the same as the tissue left by the healing of an external ulcer, smooth and of very simple structure. 4. This membrane permits of the processes of exosmosis and endosmosis; serum is exuded into the cavity and mingles with the pus. The serum macerates and finally disintegrates the pus globules, and thus causes them to disappear. 5. After the disintegration and disappearance of the pus globules, exosmosis and endosmosis continuing the contents of the old abscess are converted into simple serum. The effects of these processes account for the cases of encysted serous tumors, found in the pelvis, described in the paper.

Prof. Mauthner and Dr. Bergmeiste (Gaillard's Med. Jour.) advocate the use of the actual cautery in corneal ulcers which prove intractable to ordinary treatment, tend to spread at the periphery, and thus to involve the entire cornea, the ulcus serpens of Sæmisch. The method employed and recommended as being simple and efficient is to heat an ordinary strabismus hook to a red heat over a spirit lamp, placed behind the patient's head, out of sight, and then quickly but very lightly and cautiously swept over the floor of the ulcer. Dr. Bergmeister now employs, as more convenient, a little platinum loop attached to the galvano-cautery. The operation is only in the slightest degree painful, not more than any ophthalmic operation, while the results are excellent. The destructive process is at once arrested; the necrotic slough is soon cast off, showing the ulcer with a clean surface; and the healing process progresses rapidly. The opacity or cicatrix left after treatment is very much less marked than when any other method of treatment is employed; in fact, the process of healing, as a rule, does not consist in the formation of a more or less opaque connective tissue cicatrix, but in epithelial proliferation and spreading from the edges of the ulcer, resulting in the formation of a "facette" almost perfectly ransparent.

M. Desguin, of Antwerp, gives glycerine internally in certain forms of skin disease, with, it is said, marked success, especially in acne punctata and the furuncular diathesis (Med. Record). He commences with four drachms daily, and gradually increases the dose. He states that the secretion of the cutaneous glands, which is thick and irritating in these diseases, becomes more liquid, and cutaneous irritation is notably lessened. During convalescence from scarlet fever he believes that it facilitates desquamation.

Dr. C. E. Billington recommends the following prescriptions in diphtheria (Med. Record): No. 1—Iron and Glycerine Mixture.—℞. Tinct. ferri chloridi. f ʒj: glycerinæ, aquæ, aa f ℥j. M. Sig.—A teaspoonful of this and of No 2, alternately, every half-hour through the day. No. 2—Chlorate of Potassium Mixture.—℞. Potassii chlorat, ʒ ss; glycerinæ, f ℥ ss; aquæ calcis, f ℥ ijss. M. Sig.—A teaspoonful of this and No 1, alternately, every half-hour through the day.

As to Whether suppuration is always due to the presence of bacteria, the Boston Med. and Surg. Jour., Nov. 22, '83, says (Med. and Surg. Reporter): In order to answer the question whether pus could ever be formed independent of the presence of the micro-organisms, Councilman instituted a series of experiments under Conheim's direction. A number of capillary glass tubes were sterilized by fire and then filled with a mixture of one part croton oil and five parts olive oil. These were introduced beneath the skin of the back of a rabbit. After the slight wound of entrance had entirely healed (the time for which varied from three days to two weeks), the tubes were broken subcutaneously. At the end of a few days an indistinctly fluctuating tumor could be felt, which upon extirpation proved to be full of pus. In this there was not the slightest trace of bacteria to be found. Other experiments, for the purpose of control, were made in an exactly similar way, only substituting a weak solution of common salt for the croton oil. The swelling which followed was firm, and upon examination bits of glass were found to be encapsulated by solid connective tissue. This, of course, does not prove that the infectious processes do not cause suppuration, but merely that other irritants than those furnished by bacteria can give rise to the same phenomena.

There are Various Reflex coughs which have obtained a recognised position in symptomatology: for instance, we have the stomach cough, the uterine cough, the ear cough, either of which can be readily developed from irritation of the various organs referred to. The uvula, too, is unquestionably a frequent source of a distressing and persistent cough. Dr. J. N. Mackenzie goes a step further, and with good reason, discovers an area in the nasal passage which, when in a state of hyperæmia from any cause, is capable of sustaining any irrepressible cough until the particular region in question receives the requisite attention, or has become exhausted by the persistent irritation and developed an atrophy of the susceptible tissue. The particular region of the nose which the doctor deems peculiarly associated with such reflex action, is the mucous membrane covering the inferior and middle turbinated bones, and the lower and posterior part of the septum. Every one who has had much experience with the introduction of the Eustachian catheter, realises the different degrees of sensitiveness exhibited on its introduction, and also with what perfect impunity the same catheter can be introduced when the mucous membrane is atrophied, and the difference is certainly not wholly explained by any crowding of the parts upon the catheter.

Operations of the Head to relieve brain symptoms, other than those performed to relieve pressure on the brain by a depression of some part of the cranium, are performed so rarely, if ever, that the conditions associated with any such operation, under what circumstances soever the operation may be performed, deserve notice. On the 10th of this month, December, 1883, an operation was performed at the Hahnemann College, under the following circumstances as nearly as we can obtain them: A woman, about 40 years of age, had for the past eight or ten years been complaining of a feeling of fullness and tightness in the head, and had been subject to convulsions of an epileptic nature. There was said to have been previously a swelling on the left side of the head towards the occiput, and the face and head were said to have been specially congested during the epileptiform seizures. We could not ascertain whether she had ever borne children or not; her husband is said to have become dissolute after the commencement of her ailment, and to have since died. Her parents are both living. Other symptoms than these we were unable to ascertain, except that an ophthalmic examination had been made, and there was said to have existed the condition of the fundus known as choked disc, whether of both eyes or only one we could not discover. We were informed that a diagnosis of tumor was made, but on what data we could not learn, and that the operation was proposed and accepted on the

possibility of relieving the conditions arising from the presence of the supposed tumor. The patient was clearly informed of the danger, but she preferred to accept the chance. At the operation there was present a large number of homeopathic men of the Hahnemann school, whether there had been any consultation or not we could not ascertain. Chloroform was first administered to produce anæsthesia, which was afterward sustained by ether. We failed to ascertain particulars about any preparation which the head may have been subject to previous to the incision in the scalp. The incision was made, as definitely as we could learn, over the left parietal bone in the posterior part, and extending down to about the parieto-occipital suture, so as to avoid the longitudinal and lateral sinuses; but as soon as an effort was made to elevate the piece of bone which had been cut through with the saw, the blood flowed and the patient died. On removing a larger piece of bone than was at first intended, there was said to have been revealed a depression in the substance of the brain caused by the persistent tension of the dilated sac—now collapsed—of the lateral sinus. There was no autopsy. We publish the above incomplete items not for the purpose of discussing the course of action taken, but to induce reflection on what could be done to relieve such a case. Evidently the woman had been a great sufferer, and might probably have been doomed to many years of severe and prolonged endurance, to which death is preferable. Now supposing that an autopsy would have revealed no further indications for treatment, that the whole difficulty consisted as one was led to suppose, in a dilated lateral sinus, how could such a condition have been ascertained, and how could it have been alleviated? Although it was a venous sinus, is it not possible that the stethoscope applied to the region of the head might have given some information? We have frequently applied the stethoscope in search of information about tinnitus aurium, but we must say hitherto without much success. Further, given the dilated sinus, would the ligation of the common carotid of the same side have been of any avail in diminishing the supply of blood to the brain?

The Conditions which may lead to puerperal inversion of the uterus have been described by Fürst, in a paper which appeared in the Archiv, für Gynäkologie (Med. and Surg. Reporter). He says they are: 1. Feebleness of uterine action as a result of prolonged labor, cases in which delivery is often completed by the forceps. Out of 148 cases collected by Lee, in 20 the labor was exceptionally slow, and in 25 very quick. 2. Attachment of the placenta to the fundus uteri. Considering the large part which want of tone in the uterine muscular fibre plays in producing, or rather in permitting, inversion of the organ, and having regard to the exceptional presence of this atony in primiparæ, Dr Fürst is of opinion that the accident occurs more frequently in first labors than would be expected—a fact which he attributes to the greater frequency of fundal implantation of the placenta in these cases, as shown by the comparative rarity of placenta prævia in primiparæ. 3. Comparative rigidity of the vagina, opposing descent of the uterus in response to downward pressure on it, and thus favoring the production of inversion by a force acting on the fundus, this being a condition also met with chiefly in primiparæ. According to Schatz, the opposite state, laxity of the vagina, is one of the conditions which bring about inversion. 4. Narrowness of the vulva, preventing the easy exit of blood, so leading to a distension of the uterus, in the sudden emptying of which inversion is likely to occur. Adhesion of the placenta is known to be frequently associated with inversion. Thus, out of Lee's 148 cases, in 67 the placenta was attached to the inverted organ, its manual removal being required in 53 of them.

In the Arch. Med. Belges, August, 1883, Dr. Gyselynck reports the case of a man (Med. and Surg. Reporter), aged 23, in whom, after a debauch, the pulse was found beating 200 per minute, there was oppressed breathing and slight cyanosis. After five days, the

pulse suddenly dropped to 64 (the treatment had consisted of digitalis and venesection), the feet and legs became cold, and gangrene of the lower extremities ensued; at the autopsy, the abdominal aorta was found completely occluded by a large clot situated above the bifurcation.

M. Warlamont, of Brussels, read recently (Cincinnati Lancet and Clinic) a paper before the Paris Academy of Medicine on the origin of vaccine matter. The following are the general conclusions at which he arrived: 1. That neither the horse nor the ox, nor, indeed, any other animals, can be considered as strictly vaccinogens, for they do not create in themselves the one horse-pox or the cow-pox, which furnishes vaccinal matter, unless they are first impregnated with the germ of the same. 2. The original seed of the vaccine in its relations to the horse and the cow is nothing more or less than small-pox, which, when admitted into the organism of those animals, undergoes an attenuation which produces the vaccine disease. 3. This attenuation is less in the horse than the cow, therefore the horse-pox is more nearly related to small-pox than the cow-pox. 4. The horse is a bad subject for the cultivation of vaccine matter, for animal vaccination requires that the virus should be more attenuated than it is when passed through the organism of the horse. 5. The small-pox impregnation, or artificial vaccine, can be produced in the horse, as in the cow, by means of inoculation or intra-cutaneous injection without any other inconvenience, and immunity from the variola may be secured thereby.

We Acknowledge many kind notices made during the past year by leading medical periodicals, who now recognize in the "Review" an honorable and well established rival. Such journals as the Boston Medical Journal, New York Medical Record, New York Medical Journal, Medical News, Lancet and Clinic, New England Medical Monthly, and the new candidate for favor, the Journal of the American Medical Association: all these, with others, have our best wishes.

Lentz Reports the Two Following Cases of serious organic disease following non-diphtheritic angina, in the Gazette Médicale de Strasbourg. The first case was that of a woman who, after having taken up her abode in a certain locality, suffered frequently from catarrhal angina. On the fourth day of one of these attacks, after the fever and pain had disappeared, very marked albuminuria appeared, which passed away in the course of ten days. In the second case, on the sixth day after the outbreak of a severe angina without formation of false membranes, complete paralysis of the lower extremities, of the bladder, and of the rectum suddenly occurred. The sensibility remained unimpaired and tendon reflex was also normal. Recovery at the end of eight weeks. Lentz asserts, on the ground of these observations, that the simple form of angina, as well as the diphtheritic form, may be the expression of constitutional infection of the organism.

☞To Our Readers —The ready support given by the profession of the South and West to the "Review" enables us to say it is a success, and we thank you for it. We moreover promise that increased energy and labor shall be expended upon it. Foreign correspondents and reports of clinical lectures from Philadelphia and Boston have been secured. This, in addition to the reports of a number of our chief medical societies, and increased facilities for condensing and reviewing current medical literature, gives us the promise of a continued hold upon the respect of the medical profession during the coming year. We mean that the "Review" shall be as good as earnest labor and money can make it. As an evidence of confidence from those who know us personally, the St. Louis Medical Society has, by resolution, granted us the privilege (so long enjoyed by the St. Louis Med. and Surg. Journal) of publishing its proceedings in full. The society will now have a prompt publication of its proceedings each week. The proceedings of the Chicago Medical Society will also be published in full, and much of the literary work for our pages will be done in the "City by the Lake."

CONTRIBUTIONS.

LACERATION OF THE PERINEUM.

BY JOSEPH T. JELKS, M.D., HOT SPRINGS, ARK.

Formerly member of State Medical Association of Ga., member of State Medical Society of Ark., of the American Medical Association, and late Prof. of Surgical Diseases of Genito-Urinary Organs, College Physicians and Sugeons, Chicago, Ills.

[Read before the State Medical Society of Arkansas, at the Eighth Annual Session, held at Little Rock, May 30 and 31, 1883.]

On the 8th day of April, was called to attend Mrs. ———, aged thirty-three, with her first child. Labor was slow indeed, and when finally the head of child reached the lower strait, the perineum refused to give way, and the pressure was intense. While trying to support the perineum the head of child suddenly tore its way through the laceration, extending down to the sphincter ani muscle.

Recognizing the difficulty, I informed the husband of what had occurred, and immediately went to my office for necessary instruments. At three o'clock in the morning, with an old negro woman holding a lamp and the husband assisting, I closed the wound with many apprehensions that the operation would prove a failure—because of the intensely blue condition of the parts. It seemed to me that sloughing would take place. After the operaton the knees were tied together, and the patient placed on her side and kept there for seven days—the bowels being allowed to remain costive. On the seventh day I removed the sutures, made no examination to ascertain the condition of the wound as to union, but I did not believe much had occurred. I kept the knees tied for a week longer, when I again examined the wound and found perfect union throughout the extent of the laceration.

I wish to call your attention to, 1st, the frequency of the accident and the necessity of recognizing it at the time. 2nd. Mode of operation. 3rd. After treatment.

As to the frequency of the accident, I have no statistics that are extensive, but will say that of nine women now under treatment who have borne children eight of them have laceration of the perineum; in some of the number the laceration extends down to the sphincter ani, and yet in all of these women not one of the number had ever been told she was suffering from laceration. They all knew they had some difficulty with their sexual organs, and most of them had been treated for uterine derangements. You can readily see that if the accident had been recognized at time of occurrence, these women would have been saved many years of suffering. It has been said that all women who bear children suffer from some degree of laceration of the perineum. Therefore, it is a natural consequence of labor, and should not be interfered with unless it is excessive. In order to ascertain, whether or not it is necessary to operate, I find out if the patient ever has an escape of air from the vagina upon turning in bed or making any sudden effort. If she has, then it is necessary to proceed to close the perineum. This is Dr. Emmet's rule, and is a good one.

In its natural state, the vagina is a closed canal, the anterior and posterior walls in apposition, and at the entrance to the same lies the perineal body, composed of a large accession of elastic tissues, into which is inserted the transversus perinei muscles, the ligamentum-ischio-perinei, the anterior fibres of the superficial sphincter ani, its deep and cutaneous branches, and portions of the ischio-coccygeus muscles.

For the purposes of this paper we now have to deal with the transversus perinei and the superficial sphincter ani muscles. You can readily see that when the perineal body is lacerated that these muscles lose their points of attachment and by contracting open the vagina, so that instead of the uterus resting at the top of the vaginal columns, it is over an open canal, and of course, sooner or later, according to the woman's position in life and the amount of hard work she does, she will have prolapsus of the uterus, with more or less rectocele.

It has been demonstrated that the interrupted suture of metal is better than the old quill, and is now almost universally used. I prefer the silk-worm gut as a suture in all operations where I can use my fingers to tie it. It was used in this case above described, and Dr. Emmet now uses it very frequently in his operations at the Woman's Hospital in New York, and from him I learned to use it.

It causes no irritation—the patient is not aware of its pressence,as she is of silver wire. Again, with silver wires sticking out three inches from the surface of the wound some accident is liable to happen to them in handling the patient, but with the silk-worm gut you cut it off as you would silk, and hence it is not in the way of the woman or her attendant.

Now, then, in denuding to perform this operation on a case of long-standing, where there is more or less rectocele, it is very important to carry the denudation to the crest of the rectocele and include that in your sutures. Again, the sutures must be passed deeply, so as to bring together not only the surface denuded, but they should take deep hold, so that the perineal body may be restored to its original condition.

I will now call your attention briefly to the after-treatment. And let me say that is as important as anything else in the whole case. If patients

bowels move, it is all right, "they can do so without materially injuring the line of union, but it is well to give constipating food* and let patients have no passage for a week or more. Again, when the operation is completed, the knees should be tied together with a soft pad between them and kept so for two weeks, and when finally they are untied she should be instructed to keep them close together for a week more. Patient should, of course, lie on her side, and when the bladder is emptied either by the catheter or the woman herself, the vagina should always be washed out with warm carbolized water before the woman gets off the bed pan. A few drops of urine are liable to trickle down into the vagina and get into the wound, and so disturb the union. Now a word as to the instrument to use in this washing-out process: I have found that the ordinary vaginal nozzle of a syringe gives a good deal of pain in its introduction, however careful you may be. So I take the rectal tube of the syringe and pull over the end of it a "Nelaton" catheter. This can be introduced without pain and with no risk of disturbing the line of union by careless handling. The woman must not be allowed on her feet for a month after the operation, and then the case must be carefully watched, or the rectocele will return and your patient is as bad off as ever, for the return of the rectocele will surely by pressure destroy the perineal body again. Dr. Emmet says that all operations for restoring the perineal body result in failure sooner or later, unless the denudation extends up to the crest of the rectocele, and the sutures bring that down to assist in making a buttress for the support of the womb, and by this means alone can the curved shape of the vagina be restored.

THE RADICAL CURE OF HERNIA BY THE HEATONIAN PLAN, WITH THE CURE OF ONE CASE.

BY J. E. BENNETT, M.D., FORT SMITH, ARK.

[Read before the State Medical Society of Arkansas, at the Eighth Annual Session, held at Little Rock, May 30 and 31, '83.]

Operations for the radical cure of hernia date back to a very remote period. In some of the earlier methods the testicle was removed with the sac; and one operator is said to have fattened his dogs on the testicles so removed. Gerdy's plan was to invaginate a fold of the skin into the neck of the sac. LeBlanc operated by scarifying the neck of the sac, and making pressure over that point. Bounet is alleged to have cured four out of eleven cases by accupuncture; two of the cases proving fatal.

Velpeau and Pancoast injected the sac with tincture iodine, with an occasional case reported cured. Wutzen, of Bonn, invented an instrument and practiced Gerdy's method. Mosuer operated by seaton, and claims twenty-nine cures out of thirty-four cases, with one death. Signorini operated by pins and figure of eight threads. Dr. Agnew, of Philadelphia, invented a clamp and operated with needles. Dr. Dowell, of Texas, closed the rings with silver wire or threads. He reports eighty-six cases with eighty cures. Prof. Gross advocates opening the parts, freshening the edges of the canal and closing by sutures. A number of other plans have been proposed from time to time, have had their advocates and then dropped into disuse. Dr. Gross declares that he has little faith in any plan, and Dr. Agnew comes to the same conclusion. Both these great surgeons seem to believe failures to be the rule and cures the exception. The plan of Dr. Heaton, as practiced by him more than forty years ago, has lately been revived, and the operation greatly simplified by Dr. Jos. H. Warren, of Boston, who devised a self-acting hypodermic syringe, which carries Heaton's fluid (quercus alba) into the inguinal canal, and spreads it with more precision than Heaton was ever able to do with his frail instrument. This plan, it seems to me, offers greater chances of success and is less dangerous than any of the others, particularly since the doctrine has been advanced, and now very generally accepted by the profession, that an inflammatory process is a destructive and not a reparative one. So far as my knowledge extends, Dr. Heaton was the first surgeon in America who advocated the theory, asserting boldly and emphatically that the curative action by his operation was by cecerument or agglutination of tendinous tissue, and not by inflammation, regarding any evidences of an excess of a very moderate degree of inflammation as an almost sure indication of failure in the cure.

On March 20th, 1883, assisted by my son, Dr. Leo. E. Bennett, I operated on J. D. C., aged fifty-five years, for the radical cure of a large oblique inguinal hernia. The rings had become so conspicuous and the hernia so large that he was unable to control it by any ordinary truss. After placing the patient on his back I introduced, and gently spread over the canal, twelve drops of Heaton's fluid of quercus alba with Dr. Warren's improved syringe. A soft pad was then accurately adjusted over the inguinal canal, and secured by a strong muslin bandage around the body just below the anterior superior spinous processes of the illia. The bandage was strongly and firmly secured in place by a dozen pins and then pinned to the pad; and two thigh straps, one on each side, completed the dressing. Mr. C. experienced a dull aching pain in the

* Emmet.

inguinal canal, which lasted about twelve hours, and then gradually subsided, to be followed by an itching sensation. The patient was not permitted to assume the erect position until about the tenth day, and the dressings were not removed until the expiration of four weeks, when an examination proved to my satisfaction, and to that of the patient, that the hernial openings were completely closed. As a matter of precaution, however, the bandage is still worn when he labors at his trade, that of a carpenter. A period of seventy days has now elapsed since the operation. I consider myself extremely fortunate in having successfully treated my first case. I have engaged to operate upon a number of other cases shortly, and shall use the same injection so long as it behaves well. When I fail with it, I have in view a still better, I think, preparation.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Dec. 15, 1883.

The Vice-President, Dr. Dudley, in the chair.

Dr. Edw. Borck presented a specimen of an arm taken from a boy eight years old. The boy was sent with the following history: In August last, a sack of corn fell on the arm and injured it. This was treated for some time, when it suppurated and was opened, but it would not heal. A venous aneurism came on, which was opened, cleaned out, etc., but the arm got worse and worse. When Dr. B. saw it in February, he regarded it as a malignant growth, and told the physician to make a simple application and wait for two weeks. It increased rapidly, and in March the arm was amputated. The doctor who attended the boy regarded the tumor as a medullary cancer. The specimen was prepared by bandaging it tightly and wetting it with alcohol three or four times a day. It is dry and will last almost forever. The boy is doing well. There is not the slightest taint of cancer in the family.

Dr. G. Hurt thought that an aneurism in the progress of such a disease was not impossible. These malignant growths usually invade the tissues, and the artery may have been so involved as to be dilated.

Dr. E. H. Gregory said that in these malignant tumors of a sarcomatous type the vessels in the substance of the tumor dilate and rupture. But aneurism implies a disease of the inner coat of the artery primarily, and is rarely observed under forty.

Dr. A. D. Williams saw a man in Cincinnati who had an orbital aneurism of the central artery, following a gun-shot wound.

Dr. E. H. Gregory said that this was a false aneurism, probably a circoid aneurim.

Dr. A. H. Meisenbach presented an instrument devised by him to open plaster casts and splints. It is made like a double Hayes' saw, the blades being about a half inch apart and parallel, one of them swinging back on a hinge.

Dr. C. E. Briggs reported the following case: A married woman, aged twenty-three, nearly eight months pregnant, some nine days before seeing the doctor noticed that the movements of the child, which had been very lively, ceased suddenly. She wished to know if the child was dead. She did not appear as large as she ought to be; and the fœtal heart could not be heard, nor any placental bruit. She was told that she might miscarry at any time, or might go beyond the time, and that, if it interfered with her health, delivery would be induced. The point is, why did the child die? No account could be gotten of any disease or exertion. She was a clear-skinned and vigorous young woman. The husband, however, said that two or three years before he had a very slight trouble about the genitals and in the groin. This seemed to be the only probable source of death in the fœtus—syphilis. Fournier, in commenting on this point, says that the evil effects are marked in the child when very slight in the father, and where syphilis is marked in the father, the child may be healthy. Although this man has escaped bone-disease and gummata, he has such a transformation of the semen that he transmitted the taint in that manner.

Dr. D. V. Dean said that it was established that syphilis may be transmitted to the fœtus without the mother getting it. As the healthy ovum is fructified by the syphilitic spermatozoon the fœtus is syphilitic, and it does not pass to the maternal side of the placenta.

Dr. W. Watkins reported having observed a lady who had seven miscarriages due to syphilis in the husband. The abortions occurred from the second to the fifth month. In her case there was no syphilis manifested. It seemed strange to him how a syphilitic child could remain in utero and not contaminate the mother.

Dr. Dean remarked that the blood of the mother and fœtus do not mix; there is only an exchange of gases.

Dr. W. L. Barret saw a case, some time ago, which goes to prove that a woman may become impregnated by a syphilitic husband, and not infected. She was married three years and had miscarried twice. A sore was observed on her lip, and it was a typical hard chancre: she kissed no one but her husband, and he had contracted syphilis three years before and had mucous patches in his mouth.

Dr. H. Fairbrother said that in Dr. Brigg's case it was probable that the child was syphilitic and dead, although the latter was not certain. The child may have such a lowered vitality as to lose the heart-beat. There is no reason why the child should come away if it is hermetically sealed. We have the record of fœtuses remaining in utero for years without decomposing.

MILWAUKEE COUNTY MEDICAL SOCIETY.

[Regular Meeting Dec. 11, 1883.]

Dr. Day, President, in the chair.

Regular order of business suspended for the reading of Dr. Fox's paper on Lacerations of Perineum, the discussion of which was postponed till the next meeting.

Minutes of last meeting read and approved.

A motion was carried requesting Dr. Lean to prepare a written copy of his remarks on Contagiousness of Phthisis Tuberculosis, for record in the proceedings of the Society.

Dr. James Dorland then opened the discussion for the evening on Stricture of the Urethra. Stricture was to be divided into classes according to its causation:

First organic strictures—chronic inflammation, urethral chancre, traumatism. Second—Spasmodic stricture.

Thought enough care was not given to those cases due to chancre in the meatus; said he had seen seven cases of this kind, and had found that surgical interference was of no value, but considered iodide of potassium to be remarkable in its effects on the induration products. The only treatment considered proper in cases of organic stricture was gradual or interrupted dilatation. It had been his experience that internal urethrotomy and divulsion were both dangerous, and did not produce permanent cure. He never performed the operation of external urethrotomy, but thought it only proper in cases where it was impossible to introduce the smallest filiform bougie.

In speaking of spasmodic stricture he considered it of frequent occurrence, and often due to the irritability due to an insufficiently large meatus. Had seen cases which were easily overcome as soon as the meatus was sufficiently enlarged. In other cases had injected warm water and given anti-spasmodic remedies to overcome the urethral irritability with success. Had also seen good results from the abstraction of small quantities of blood. Spoke very highly of his success in the use of the cold steel conical sound in the treatment of organic stricture. Thought a great mistake was often made in the process of slow or interrupted dilatation in not using the increasing sizes of sound at shorter intervals, four or six days being long enough time to elapse between the use of the instruments.

Dr. S. W. French considered interrupted dilatation the only truly scientific method of treatment in both organic and spasmodic stricture. Preferred the conical steel sound to all others for dilatation. Had seen best results from a continued use of the largest sound that could be introduced, at intervals of four or seven days, for many weeks after the stricture had been fully dilated. Had seen but one case in his practice which had manifested the so-called urethral fever after operation or use of sound. Had in one or two cases seen Cox's operation of puncture of the bladder through the perineum with subsequent introduction of a catheter through the wound, performed, followed by relaxation of stricture and relief. It had been the experience of Dr. Farnham that complete division of the stricture was almost invariably successful, and that failure of internal urethrotomy was invariably due to an incomplete operation. All the fibres of the stricture should be cut, otherwise success was impossible.

Dr. Senn considered spasmodic stricture to be always due to some complicating causes, either local or general, gonorrhœa, prostatitis, gleet, cystitis, or organic stricture. Strictures were most frequently located in the membranous or bulbous portion, and decreased in frequency as the meatus was approached. Considered a stricture to be merely a cicatrix, and as in other parts of the body there was no general plan applicable to all cicatrices, so there was no general and unvarying plan of treatment of all strictures. In the majority of cases there were complications to be treated, as cystitis, pyelitis, and fistulæ. Considered that these conditions could be best treated, in many cases, by first performing external urethrotomy, thus obtaining an entrance for purposes of medication into a diseased bladder, while the cicatrix formed over the seat of the surgeon's wound acted as an opposing and counteracting force against the recontraction of the stricture. Reported a case of multiple stricture with foreign body in bladder (filiform bougie introduced by the patient), treated by external urethrotomy. Considered the operation of internal urethrotomy especially applicable to cases of circular stricture, which operation was to be avoided in old persons, while it was without danger to younger persons. Described Dick's subcutaneous operation, and considered it not so valuable for permanent relief as the usual external operation. Particularly warned the members of the society against the use of improperly cleaned instruments; considered such instruments as particularly productive of cystitis, and thought too great care could not be bestowed on the antiseptic, and

aseptic performance of all operations about the urethra and bladder.— Dr. Brown had never seen, and didn't believe in true spasmodic stricture of the urethra, and thought the finding of such things was oftenest due to the bungling method of passing the instrument, and served as an excuse for inexperience, while spasm of the sphincter of the bladder which had been here considered as stricture, being oftenest reflex in its nature, should be considered under the head of the subject under discussion. Considered insufficiently large meati as true congenital stricture, as upon the acquirement of any disease of the urethra such meati acted in every respect like strictures. Discussion closed.

Dr. Dorland presented a specimen, and reported a case of renal calculus—the calculus being unusually large, and consisting of urates.

Dr. Senn reported a case,and presented specimen of osteo myelitis of femur involving knee and hip-joints. Death from pyæmia. Also reported a case of ligature of common carotid artery for incontrollable hemorrhage from injured internal jugular vein. Case had presented no brain symptoms, and had thus far (12 days since operation) progressed favorably.

Dr. Farnham gave a demonstration of Pettenkofer's method of examining air by the carbonate of baryta test.

Society adjourned to meet Dec. 26th, 1883.

H. M. Brown, Sec'y.

SELECTIONS.

CASE OF GASTRIC ULCER WITH UNUSUALLY SEVERE HÆMORRHAGE.

BY W. HERBERT PACKER, M.D., L.R.C.P.,

Senior Assistant Medical Officer, Salop County Asylum.

[British Medical Journal.]

M. A., a nurse at the Salop and Montgomery Counties Asylum, aged 23, tall and well grown, has, with the exception of a severe attack of scarlatina in her youth, been fairly healthy up to twelve months ago, when she began to complain of dyspeptic symptoms. In June of this year, these became more pronounced, the pain immediately after food being particularly distressing, and a gastric ulcer was diagnosed, Under some weeks' treatment by diet, and a bismuth mixture, she was considered cured; but, as she was of a somewhat hysterical temperament, one moment declaring she was quite well and was never any different, and the next complaining to a fellow-nurse of great pain, and of that stubborn disposition that revolts against all restrictions of diet and the taking of unpleasant medicines, possibly she wilfully concealed her sufferings. In any case, she ate and drank as she pleased, and had no special treatment until the afternoon of September 13th, when it was reported that she had spat up blood. When seen, she was looking pale and anæmic, and complained of much pain in the left side, and tenderness in the gastric region. She was sent to bed, ordered to take only small quantities of cold liquids, and to have a mixture of bismuth suspended in glycerine. At about 11:30 the same night, she suddenly brought up about three-fourths of a pint of partly clotted bright colored blood. A nurse sleeping in the same room was awoke and fetched my colleague, Dr. Denning, who found her blanched and almost pulseless, the bed being more or less covered in blood. He administered thirty minims of turpentine at once, and ordered ten grains of gallic acid and fifteen minims of sulphuric acid every quarter of an hour, cold wet compresses to the abdomen, and strict quiet in the recumbent position. No further hemorrhage ensued, and about 3 A. M. she seemed much revived, and one grain of solid opium was ordered every three hours.

Next morning she was feeling sick, but there had been no vomiting. Her pulse was small and soft, her extremities cold, and she was generally suffering from true anæmia. Enemata of beef-tea and milk, in four ounce doses, were ordered every four hours. This she so disliked, and complained of such great subsequent pain on the administration of the first, that a second was not given. Two tablespoonfuls of milk and two of good beef-tea, cold, were ordered alternately every hour. The opium pill was given three times during the day. Pain was complained of over the scrobiculus cordis, and a burning sensation in the stomach, but there was no further sickness, and the day and following night were comfortably passed. Next day, the 15th, she seemed to be slowly recovering, and her case was considered very hopeful, when, at 10 P. M. a liquid tarry motion was passed with much pain, quickly followed by vomiting of blood. About a couple of ounces were first thrown up, and in half an hour afterwards three-quarters of a pint or a pint of partly clotted blood was ejected. Gallic and sulphuric acids were given as before, and a grain of solid opium. No food was to be taken for three or four hours, and she was given ice to suck.

No further vomiting occurred till the evening of the 17th, when, as before, a like hæmorrhage followed an action of the bowels. Opium, sulphuric and gallic acids, and turpentine were administered, and the patient, now unable to move from extreme prostration, still struggled on.

On the 18th there was no hæmorrhage. A blister was applied to the pit of the stomach, and she was ordered to take two tablespoonfuls of milk and one

of soda-water every hour, and to have small lumps of ice to suck occasionally. Three grains of solid opium were taken during the day, and the patient, except for a most distressing thirst, was fairly comfortable.

On the morning of the 19th the sanguinary vomiting again occurred. Enemata were now insisted upon, and she was told she must submit to this treatment, notwithstanding pain and annoyance, and the following preparation, slightly warmed, was injected into the rectum every four hours, namely: three tablespoonfuls of milk, the same quantity of specially strong beef-tea, twenty minims of laudanum, and one teaspoonful of Benger's pancreatic solution. All food was interdicted, the mouth was ordered to be moistened with water occasionally, and she was given a small piece of ice to suck at rare intervals.

The same treatment was continued on the 20th, with poultices to the abdomen and a mixture of bismuth, morphia, and extract of ergot. Thirst waa very distressing, and was unrelieved by ice or small quantities of soda water.

On the 21st, bleeding recurred in the morning. Turpentine in mucilage, in ten-minim doses, was given every hour. Cold compresses were applied to the abdomen; and the nutrient enemata were continued, this being the only nourishment allowed. A simple enema of warm water was given in the evening, and the bowels acted painlessly. The rectal injections caused no discomfort.

On the 22nd, she was vomiting blood at 7:30 A. M. Turpentine was given every hour, and hot-water bottles applied to the feet, the circulation being languid. Enemata were given as yesterday. At 8 P. M. more blood was vomited. Sulphuric and gallic acids were given every half-hour for two hours; and then a mixture consisting of tincture of digitalis, extract of ergot, and glycerine, in half an ounce of water, was given every four hours.

On the 23rd, there was no more bleeding, but the patient lay unobservant in bed, and she had been suffering from anæmic delirium during the night. She appeared startled and frightened when the door was opened or she was spoken to, but immediately relapsed into semi-unconsciousness. Pulse small, soft and quick, 120 per minute. An ounce of brandy was now added to each enema, and no opium. In the evening, the pulse was slower and slower and fuller, and she seemed generally brighter and more hopeful.

The same treatment was continued on the 24th, and till the evening of the 25th, when, as she had no further vomiting or pain, two ounces of carefully prepared peptonized food were ordered to be given by the mouth every four hours. She had now been a week subsisting on enemata only, and had much improved. There was now no delirium; and the pulse was fuller and slower, although she still complained at times of headache and a feeling of sickness. Two nutrient enemata were also given, and grain of opium at night, the ergot and digitalis mixture being continued.

On the 27th, peptonised beef-tea was alternated with milk-gruel.

On the 28th, blanc mange, treated in the same way, was added to the diet. No more enemata was given, except of warm water to wash out the bowel every other day.

On October 2nd, undigested food was given for the first time; rice pudding and bread and milk being the ingredients.

From this date, she made an uninterruptedly good and quick recovery, climbing up the various grades of diet slowly, from beef-tea and milk through the fish and fowl to the time-honoured chop.

On Oct. 24th, she left on three months' leave of absence to recruit her health.

REMARKS.—This case is recorded simply to add another item to the proof, if it be needed, of the efficacy of enemata (especially peptonised) in the treatment of ulcer of the stomach. From the fact that for five days small quantities of cold liquids only were swallowed, thus giving the stomach a rest as complete as possible, the patient, nevertheless, continuously becoming worse, and the ulcer apparently spreading, it is clear that treatment by enemata was the only reliable one, and it proved successful. Again, although brandy may accelerate the circulation, and perhaps by that means break down a weekly healing ulcer, there are times, as on a certain morning in this case, when life seems to be saved by it. On the occasion to which I refer, the patient was considered by my colleagues and myself to be in *articulo mortis*, but after the administration of the stimulant by the rectum, the change was sudden and astonishing. At the same time, the digitalis and ergot were no doubt beginning to affect the system. Probably, in most cases, our difficulty was to overcome the patient's repugnance to the rectal alimentation and prevent her drinking too freely, the suffering from thirst being so great that only a strong-minded attendant prevented her drinking every fluid in her vicinity.

ON FATAL PYREXIA FOLLOWING THE USE OF THE CATHETER IN CERTAIN CASES OF CHRONIC RETENTION OF URINE.

BY BENNETT MAY, F.R.C.S.

[British Medical Journal.]

The communication which Sir Andrew Clark made to the Clinical Society of London on the

above subject, is one which will, no doubt, command general attention.

I think there are many to whom his statements will be far from a revelation, and who, whilst fully realizing that the subject has not received the general recognition it merits, will be rather surprised to hear that the speaker had been unable to find any information about it in any work, English or foreign.

I certainly was under the belief that the phenomena he described were a matter of common knowledge amongst surgeons; that they had received a partial, though inadequate, description by various writers; and that their causes were pretty well understood.

Many years ago, I was impressed with the critical and dangerous train of symptoms which are frequently lighted up when the catheter-life is first embarked upon. The cases are just such as those Sir Andrew Clark depicts, viz., cases of chronic retention from enlarged prostate, with clear normal urine, and fair general health. Within twenty-four hours of emptying the bladder for the first time by the catheter in such a case, the small beginnings of future great disaster may sometimes be seen in the turbidity of the urine and feverish illness of the patient. Day by day, the condition grows rapidly worse; each introduction of the catheter, now become an absolute necessity, appearing to aggravate the condition it is employed to relieve. As the urine becomes more fœtid and bloody, the patient falls into the "typhoid" state, with dry brown tongue and delirium, whilst the powers of life rapidly fail.

I never embark on the use of the catheter in such a patient without the knowledge of this possibility before me, without well weighing the alternatives, without adopting special prophylactic measures, and without a full explanation to the patient and his friends of the nature of the treatment to be adopted, with the possible contingencies its employment entails.

It is quite easy to understand that the patient dies because he is poisoned by the absorption of the products of decomposition of his urine, established by the acute cystitis which the use of the catheter has engendered; but why this should be of such a virulent type is not so evident, though probably the explanation is to be found in the condition of the walls of an old, overstretched, and incompetent bladder.

I have known some surgeons ascribe the cystitis to the accidental introduction of bubbles of air through the catheter into the bladder. The danger of a foul or soiled catheter is obvious and recognised; rough catheterism, especially with a metallic instrument, so as to cause hemorrhage or injure the prostate, is responsible in a proportion of cases.

Sir Henry Thompson has a whole lecture in his work on "Diseases of the Urinary Organs," relative to the employment of catheterism for habitual retention from hypertrophied prostate; and, in discussing this source of danger, he points out that judgment is required to decide when the change should be made from the usual mode of micturition to the artificial one. His instructions are to relieve the bladder of part only of its contents, so as to establish a state of tolerance by prolonging the probationary period, and he particularly cautions that, the longer the use of the catheter is postponed after the early stage of the malady is passed, the worse will be the symptoms when its employment becomes compulsory.

Even with every precaution of cleanliness, gentleness, gradual withdrawal of urine, and confinement to bed, the mechanical disturbance of the catheter is sufficient, in some cases, to establish a cystitis, which is quite uncontrollable. The nutrition of the vesical wall is such that it is powerless to check the progress of this inflammation, which may even become gangrenous in its character. If there exist old-standing degeneration of the kidneys, so much the worse; but I do not think that we have any evidence, post-mortem or otherwise, to ascribe the symptoms to disease of these organs. Where a cystitis, with purulent urine, is already established before the catheter-life is entered on, the use of the instrument may not appear to be followed by consequences quite so disastrous. At any rate, the change from life to death is not so tragic and dramatic, and there is so much more to be gained by the withdrawal of a residuum of already stinking urine; but the advantage is so slight, that to await the advent of cystitis or purulent urine, before embarking on the use of the catheter, is not to be thought of if the opportunity offer of resorting to it at an early stage of the malady. At any other epoch, and perhaps even at this, I am sure that the surgeon will do well to spare no effort to protect his patient and his own credit from the possible contingencies of the treatment he is driven to adopt.

BOOK REVIEWS.

A Treatise on Bright's Disease of the Kidneys. By Henry B. Millard, A.M., M.D., New York: Wm. Wood & Co. St. Louis: J. H. Chambers & Co.

The book which lies before us is, according to Dr. M.'s preface, the result of twenty-six years of experience in hospital and private practice, and of several years of laboratory work. In general terms it may be said that the first eight chapters are devoted to the anatomy and histology of the kidney; the following four chapters to the chemical

and microscopical peculiarities; the following eight chapters to nomenclature, etiology, diagnosis and pathology; and the remaining five chapters, Part II., to treatment. Without concurring exactly with the general arrangement of the book, we are glad to testify that its perusal has considerably enlarged our views on the subject of diseases of the kidney, and disposed us to look much more hopefully on a class of cases necessarily involved in a considerable amount of obscurity. The collection of facts relative to the frequency of albumen in physiological urine should be well pondered over by every practitioner, especially those examining for life insurance, and if well appreciated there will be less danger of disturbing the equanimity of an household by an undue haste in suggesting Bright's disease.

In the appendix the author considers the Brine test as more sensitive than the nitric acid test. We venture to suggest that it would have been more practical if he had expressed an opinion as to which is the more valuable, all things considered, to the general practitioner. A good many fail to realise how much care should be taken before a definite opinion on such matters is given. The chapters on treatment will, we think, not fail to afford information to the majority of readers. Opium is almost universally declared as worse than useless.

On page 186 we are told that a sample of urine was sp. gr. 998 to 1003. How the urine can be of less sp. gr. than distilled water is a little incomprehensible unless a certain amount of alcohol is passed with it; or, what is more likely, that the temperature was elevated.

Eserine, page 182, is accidentally called the alkaloid of ergot. Evidently what is meant is the extract of ergotine.

The "get-up" of the book is good and nearly all the plates original.

THE TREATMENT OF WOUNDS; ITS PRINCIPLES AND PRACTICE, GENERAL AND SPECIAL. By Lewis S. Pilcher, A.M., M.D., Member of New York Surgical Society, with one hundred and sixteen wood engravings. Pp. 193. Wm. Wood & Co., August, 1883. (Wood's Library of Standard Medical Authors.) St. Louis: J. H. Chambers & Co.

There is certainly more room for such a book as this than for many of the publications presented to the medical profession during the past year. It is a subject in which every practitioner of medicine is interested, for none can escape from treating wounds of one form or another, and it will be of great value to certain specialists who study the surgery of certain parts, only from the standpoint of specialism. It is a valuable book for the general surgeon, for it approaches the treatment of wounds from a scientific basis and gives a succinct and fair account of the present status of the subject. Whether the scientific basis upon which his practice rests includes all of the ultimate truth which future observation will elucidate is more than anyone can assert, but he comes nearer a clear statement of the accepted doctrines of the surgeons of the present time than any whom we have had the pleasure to read. The book comes at a good time, for it will reach many practitioners who were beginning to scoff at antiseptic surgery because the spray, in which the very essence of antiseptic surgery was supposed to be incorporated, had been discarded, and no prominent or startling agent substituted for it. The present understanding of antiseptic surgery and the reasons for its practice are very plainly stated by the author. The practice, as set forth by him, involves the use of agents and methods which have not yet been sufficiently tested by experience, and no doubt the future will modify some of the conclusions reached. This is unavoidable in a subject advancing and changing so rapidly as wound treatment. There are many diligent workers in the field of surgery, and suggestions from experiments and clinical practice of the present year, almost to date of publication, have been incorporated in the text. The most important part of the text is in Section I—The Principles of Wound Treatment. The first two chapters are devoted to general considerations on wounds, the effects of wounds, constitutional and local, their repair and inflammations. The remaining portion of this section, in three chapters, considers: "The Relations of Micro-organisms to Wound Disturbances"—Asepsis and Antisepsis—Wound Cleanliness and Wound Disinfection—Antiseptics. In the beginning of Chapter IV. the author states: "The recognition of the activity of micro-organisms as the essential cause of disturbances of repair in wounds supplies a scientific basis for treatment, and affords a definite principle by which to test methods of wound treatment." Listerism is of the past, but there was so much in it that was startling and attractive that it excited among intelligent observers inferences and thoughts and work and observation that have resulted in a vast amount of good to surgery. There has been much labor lost, yet many facts have been gleaned from the vast amount of work done, and the author has given a very trustworthy and intelligent statement of these facts in these chapters.

The best result, the most far-reaching in its conquences, is the accurate, close and scientific methods of observation which have replaced the "general impressions" which formerly guided our grasping after truth. This rigid, experimental method of study has banished much of the vague mysticism

and uncertain wisdom of the past, and promises fruitful yield for the future.

It is not necessary to enter into details concerning the various antiseptic agents used or commended by the author.

The remaining part of the book is devoted to "The Practice of Wound Treatment," and "Special Wounds" was, we suppose, necessary to complete the subject. It is very largely a republication of what we find in other books. Suggestions and addition, sometimes credited to and derived from men of wide reputation, have been of course added as the author's judgment dictated, but it seems to us—without any undue skepticism—doubtful whether the statements given and accepted as of facts will always be found to stand the test of a more extended experience and more rigid analysis.

STUDENT'S MANUAL OF DISEASES OF THE NOSE AND THROAT. By J. M. W. Kitchen, M.D. Published by G. P. Putnam's Sons. St. Louis; J. H. Chambers & Co.

This is a little book of 127 pages and intended, as its title indicates, for the benefit of students, and will doubtless answer that purpose as well as other books of the same size. It is in good readable type and the plates of the instruments, which by the way are nearly all Tiemans, are good. The two remaining plates are disreputable in every respect. For instance, page 27, the lamp, which should be the most prominent part of the plate is scarcely recognizable, whilst a double bracket, above patient's head and which serves no purpose, constitutes the most prominent feature of the illustration.

MANUAL OF GENERAL MEDICINAL TECHNOLOGY; including Prescription writing. By Ed. Curtis, A.M., M.D. Published by W. Wood & Co. St. Louis: J. H. Chambers & Co.

This is a little pocket-book embracing a series of of lectures by the author on the subject and affords all the necessary information relative to prescription writing, the principal incompatibles and the solubility of the most important drugs in water and alcohol.

BOOKS AND PAMPHLETS RECEIVED.

A TREATISE ON BRIGHT'S DISEASE of the Kidneys; its Pathology, Diagnosis and Treatment. By H. B. Millard, A.M., M.D. Published by Wm. Wood & Co., New York.

A TREATISE ON SYPHILIS in New-born Children and Infants at the Breast. By P. Diday. Translated by G. Whiteley, M.D., with Notes and Appendix by F. R. Sturgis, M.D. October number of Wood's Library of Standard Medical Authors.

MANUAL OF GENERAL MEDICAL TECHNOLOGY, including Prescription Writing. By Edward Curtis, A.M., M.D. Published by Wm. Wood & Co., New York.

STUDENT'S MANUAL OF DISEASES of the Nose and Throat. By J. M. W. Kitchen, M.D. Published by G. P. Putnam's Sons., New York.

REPORT OF AMERICAN NEUROLOGICAL ASSOCIATION. Ninth Annual Meeting. Reprint from Journal of Nervous and Mental Diseases, July, 1883.

SEVENTH BIENNIAL REPORT of the Board of State Commissioners of Public Charities of the State of Illinois. Pp. 341. Springfield, Ills: H. W. Rokker, 1883.

CREDIT: Its Meaning and Moment. By Clark W. Bryan, editor and proprietor of The Paper World and Manufacturer and Industrial Gazette. Pp. 33, 1883.

A PHYSICIAN'S SERMON to Young Men. By William Pratt, A.M., M.D., F.R.C.S., etc. Pp. 48. New York: M. S. Holbrook & Co.

THE COLD WATER PACK was used by Dr. Edward H. Sholl in two cases of pneumonia with good results (Med. and Surg. Reporter). The first case, a mulatto girl, fourteen years of age, had resisted all treatment; the temperature ranged from 105° to 106½°; the pulse and respiration were rapid; expectoration characteristic, and the case seemingly hopeless. She was packed in a heavy double blanket soaked with the coldest water to be had, and over this another pair of wet blankets. The shock caused violent paroxysms of coughing with expectoration, rusty-colored sputa. The temperature fell one degree in less than thirty minutes and she went quietly to sleep. Cold water was poured on as required, the pulse being closely watched and frequent observations of the temperature made. At the end of seven hours she was dried and placed in bed, and from that time steady improvement took place. The second case, a boy seven years old, restless, delirious and with a high temperature was treated in the same manner with like result, being kept in the pack for three hours. While the cold water pack may be considered an excellent means for the reduction of temperature, we would suggest that to keep a patient under its influence for seven hours continuously might be fraught with danger.

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WE REGRET TO HAVE TO ANNOUNCE to our readers that with this number Dr. Roswell Park severs his connection with the REVIEW, as will be seen by the subjoined letter of resignation:

Buffalo, New York, Dec. 19, 1883.

Mr. J. H. Chambers, St. Louis.

My Dear Sir:—When I undertook the Chicago Editorship of the "REVIEW," some months ago, the possibility of my change of residence to the East never entered my mind. When, however, the authorities of the University of Buffalo honored me with a call to the chair of surgery in their institution, thus necessitating an entire change both of field of labor and residence, the invitation was made too tempting to decline. Although at the time you would not permit the withdrawal of my name, I was compelled to turn over most of my active work to my friend Dr. Robert Tilley, and it now gives me the greatest pleasure to learn that you have endorsed my own judgment as to his ability and capability by making him my nominal as well as actual successor in the editorial chair. I have known Dr. Tilley for many years, and, like yourself, appreciate his fitness not only for this work, but for original investigation as well as for dispassionate judgment of the work of others. I congratulate both yourself and the many readers of the "REVIEW" on the change, which will redound to the benefit of all concerned. Let me also say that I am well aware of the most commendable business enterprise you have displayed in so greatly enlarging the circulation and therefore the sphere and usefulness of the "REVIEW." In severing our own business relations I wish you all the success which such efforts deserve, and doubt not you are already gaining a satisfactory reward. To those brother editors of other journals who have so kindly noted the changes by which I assumed, and now lay down the editorial pen, I would like to tender a parting expression of my appreciation and cordial reciprocation of their kind and often flattering expressions. No reminiscences of the past can ever be more pleasant to me than these. To yourself and to all my friends in the West I take this opportunity to bid "Adieu." With cordial esteem,

ROSWELL PARK.

SOME SIX WEEKS AGO WE GAVE AN ACCOUNT of the plan adopted by Tarnier at the Maternité hospital in the use of bichloride of mercury, as a wash for the genital organs previous to and during parturition. Such measures as were attributed to the accoucheur of the Maternité appeared to us as commendable and practical. Now, however, Dr. T. G. Thomas, in a paper read before the New York Academy of Medicine (an abstract of which appeared in our last issue), extends the same idea in such a way which, to say the least seems fraught with danger, to say nothing of the absolute impossibility of carrying it out in general practice. We quote the first two of a series of ten general rules which he presents to the academy for the observance of the general practitioner: Prophylactic measures, which should be adopted in all midwifery cases, whether they occur in hospital or in private practice: 1. The room in which confinement is to take place should have the floors, walls, and furniture thoroughly washed with a ten-per-cent. solution of carbolic acid, or mercuric bichloride of 1 to 1,000, and the bed-stead and mattresses should be sponged with the same solution. Curtains, carpets,

and upholstered furniture should be dispensed with as far as possible. 2. The nurse and physician should take care that all their clothing, both under and upper, be clean and free from exposure to the effluvia of any septic affection. Should either of them have been exposed within a fortnight to the effluvia of such affections as scarlet fever, typhus, erysipelas, septicæmia, or the like, they should change every article of clothing and bathe the entire body, especially the hair and beard, with a reliable antiseptic solution; that which I prefer for this purpose is a saturated solution of boric acid. It will be observed that the doctor advocates these measures in "all midwifery cases;" he makes no exception of cases in the country, although Hervieux, whom he quotes with the highest commendation, states that puerperal fever, which these measures are designed to prevent, is almost an unknown disorder in healthy country places. We can imagine the young practitioner called to a case of labor and making an effort to carry out such measures. Or, we can imagine the busy practitioner who has seen a good many of his patients grow up under his special care, and who regards some of his young patients almost as his own children, and is as desirous to do the best possible for them as though they were his own children, reading the professor's discourse. The first idea might possibly be one of admiration for the superior care and vigilance of such skillful men, but it would not be long before reflection would suggest a doubt about the wisdom of the rules laid down, and that doubt would soon give birth to a healthy, vigorous defiance to the professor's position. We will suppose that from the disagreeable effects of carbolic acid to some people, and from the unquestionable fact of its frequent injurious effects, that the second solution which the professor suggests has been used in a given case; that the floor, walls, and furniture and bedding have been washed in a 1 to 1,000 solution of corrosive sublimate. Is there no danger of corrosive sublimate poisoning? Literature which treats on that subject is full of instances of arsenical poisoning from wall-paper and arsenical colors in articles of dress; has the professor any guarantee that the small particles of corrosive sublimate will not be inhaled by the mother and babe from the bedding and walls in question? In rule No. 2 the physician and nurse are told to take care that their clothing be "free from exposure to the effluvia of any septic affection!" We pass by the ambiguity of language here, as there are so many other instances through the article, and suppose he means that the clothing should not have been exposed to the effluvia, etc. The next sentence leads us to infer that if a fortnight has elapsed since the exposure to such affections as scarlet fever, erysipelas and septicæmia, such a length of time would be sufficient to destroy such germs as might infest the garments. We should like to hear the professor detail on what grounds he would justify such a dangerous inference. We would further like to know on what grounds corrosive sublimate is to be used as a disinfectant for the patient and boracic acid for the doctor, especially as the doctor is supposed to have been in actual contact with the septic germs, whilst in the case of the parturient woman the poison is only problematic. We do not think it necessary to extend the discussion to the remaining eight rules for prophylaxis, but we cannot refrain from expressing astonishment that whilst space is given for such an extensive paraphernalia, no reference whatever is made to the condition of the bowels. A critical study of the reason why, according to Hervieux, puerperal fever is almost unknown among the country people would probably afford a rich field of discovery, and if there is one peculiarity which the conventions of society seem to develop in city life, it is that of constipation, and that constipation would be likely to foster septicæmia would scarcely be denied by any hygienist. We should like to be sure, however, that the experience of Hervieux is supported by the experience of others. In a very condoling spirit the professor bemoans the condition of a family who cannot afford the extra service associated with the carrying out of his line of treatment, and tells them all the doors of the New York Women's Hospital are

open to them! ! ! Instead of its being the "misfortune" of such a family, we think it is their good fortune, especially if the family is fortunate enough to have the acquaintance of a good-sense, conscientious practitioner, who will take in a general view of the case and not let his vision be bounded by a solution of corrosive sublimate; who will never fail to look after the condition of the bowels and bladder of his patient; who, if the labor is in any way protracted, will not fail to soothe the genitals with hot applications; who will not fail to observe the most strict attention to cleanliness in the patient, and, above all, in his own person; who will be so conscientious, that if one case of puerperal fever has occurred in his practice, he will bathe himself not once but a dozen times; and submit his garments either to the flames or to a temperature of 150° F. for a period of ten or twelve hours. A family with such a doctor as their family practitioner will have no need of the extra expense; it is the doctor who will sustain it, and thus keep his conscience a good deal cleaner than by saturating the lying-in chamber with corrosive sublimate. Although this article already exceeds our usual length we cannot refrain from a few extracts. The New York Med. Jour., p. 656, second column, reads: By this means (a mat of rubber tubing) a temperature of 104° can very readily as a rule, for there are exceptions to the rule, be kept at 100° for weeks together. How can a temperature of 104° be 100°? From page 655, first column, the following extract is taken, and it must be remembered that the doctor has written, not for some green students, but for the august assembly known as the New York Academy of Medicine. The Chicago people are blowhards, and require to be told to do anything that has to be done in the lying-room without having noise or disturbance, but we are astonished to find that the modest New Yorkers, especially those who claim that talent, like everything else, seeks the best market, should be admonished to be calm; more than that, they have to be told how to put a piece of sheet rubber on a bed: "An India-rubber cloth should quietly, without hurry, noise, or disturbance on the part of the nurse, be spread over the edge of the bed on which she lies (on which who lies, the nurse?) and made to fall into a tub of warm water rendered antiseptic by the addition of two or two and a half per cent. of carbolic acid, or of the bichloride of mercury, 1 to 2,000, or of some other reliable germicide. Then Chamberlain's glass uterine tube, which I here show, or the very excellent and ingenious tube invented by Dr. George H. Lyman, which is here seen, thoroughly fitted to a Davidson's or Higginson's syringe, should be immersed in the tub. The nurse now aiding the patient by the shoulders, and the doctor by the hips, she should be gently laid across the bed and be made comfortable with a pillow under the head." We might ask how the nurse can aid the patient by the shoulders and aid the doctor by the hips at the same time, but the inaccuracy of the English is forgotten by the astonishment that it is necessary to admonish the New York Academy of Medicine how to use a syringe and how to lay the patient across the bed. Again, we might ask why must the nurse necessarily take the shoulders and the doctor the hips? We suppose it is in order that the doctor may remain in close proximity to that sacred orifice of which he is the custodian. We understand now why the post-graduate course has been so successful in N. Y. Chicago will have to send missionaries to that benighted region.

Professor H. C. Simes in the Polyclinic, after assenting to the first three of the following propositions in regard to the contamination of the fœtal organism by syphilitic virus, finds it necessary to discuss the fourth at some length. 1. A syphilitic father may procreate a syphilitic child. 2. A syphilitic mother may give birth to a syphilitic child. 3. Both parents being syphilitic, their offspring wil probably be syphilitic. 4. The mother contracting syphilis during gestation may transmit the disease to the fœtus, provided constitutional contamination has occurred. Wisely, we think, Kassowitz notwithstanding, he concludes that the fourth proposition must be as-

sented to, for although there is no direct communication between the circulation of the fœtus and the mother, the relationship is as intimate, to say the least, as any relationship that occurs when the affection is transferred in the legitimate or illegitimate way. Prof. S. says: Kassowitz "concludes, from the study of many cases, that a mother acquiring syphilis during gestation does not transmit the disease to her healthy fœtus." Perhaps not to her healthy fœtus, but the question is whether, under such circumstances, the fœtus can be thus qualified. There are two questions suggested by the above propositions of a good deal more practical value than the one discussed. 1. Can a person "contract syphilis" without constitutional contamination? We are disposed to conclude from the tenor of the Professor's argument that he would answer such a question in the negative. Is it not probable, from observation and experiment, that the virus, whatever it may be, is of such an insidious nature that long before any initial lesion is recognized the constitution has become contaminated, even though it requires years to develop its evidence? If such is the case the latter part of the fourth proposition may be omitted. 2. How long should a syphilitic male or female, when put under the very best of treatment, abstain from intercourse? Take a case: a physician, in his legitimate work, contracts syphilis—the case is not by any means very rare. For how long a time should he, if married, deprive himself of his marriage privileges? Or, if unmarried, but engaged, for what length of time should the projected marriage be postponed? Every physician must have found himself, we don't mean personally, confronted with the latter question, and it becomes a much more serious question to answer when we have a living being before us who is deeply interested in the answer. Are we justified in every case in insisting on a year and a half or two years of active treatment before consenting to the marriage? And are we at the end of that period certain of the perfect immunity of the non-infected person from such a union? And the security of the progeny from any manifestations of the affection?

A Case of Trichinosis, in which the only treatment was the administration of alcohol in full doses, is reported by Dr. D. Vincente Ferrer (Gaceta de los Hospitales, Valencia). The patient was twenty-three years old, and it was probably the fifth week of the attack when the treatment was commenced. The attack was a severe one, with characteristic pulse, temperature, muscular pains, and rigidity; pulse 124; temperature 103° Fahr. The patient could neither flex the limbs nor stir from the supine position, and was considered by Dr. Ferrer and his colleagues to be in a critical condition. Six ounces of proof spirit (about 56 per cent of rectified alcohol, R.) were given daily in sugared water in the intervals of feeding. Within twenty-four hours the temperature fell 8°, and the muscular rigidity was distinctly diminished. On the third day of the treatment the dose was increased to nine ounces, and on the fourth, to twelve; but this quantity was not borne well, and it was reduced again to nine. On the sixth day the patient was free from pain as he lay in bed, and could move some of the limbs without suffering. The alcohol was continued in the same doses, and from this date convalescence was established. He is stated to have been quite well eighteen days after the alcohol treatment was commenced. Dr. Ferrer considers that the effect was too marked and immediate to be simply a coincidence, but he offers no opinion as to whether the drug affected the trichina, or the muscular fibres, or the reflex irritability of the nerves, or, finally, the areas of inflammatory intermuscular tissue.

An Exhaustive Article by Mr. Nairne in the Glasgow Med. Journ., Oct., 1883, concludes with the following deductions (Med. and Surg. Reporter): 1. The early years of life are those in which abscesses are most common. 2. Both sexes are equally subject to abscesses. 3. The upper part of the body is the commonest site of abscesses in the fe-

male sex. 4. The lower part of the body is the commonest site in the male sex. 5. The parents of such as have suffered from severe abscesses are themselves (either one or both) phthisical or strumous. 6. The average duration of treatment of curable abscesses is two weeks. 7. Abscesses fall naturally into two divisions—a Simple. b. Indicative. 8 Simple abscesses require little treatment; have a tendency to spontaneous cure. 9. Indicative abscesses require great attention; have no tendency to cure, but rather to become chronic. 10. Indicative abscesses indicate constitutional affection—a. Of the osseous system. b. Of the glandular system, or of the cellular or any tissue other than osseous. 11. The constitutional affection of the bones is the least fatal.

Dr. A. Loison Reports the case of a woman affected with chyluria (Med. News). The amount of fat varied between grammes 3.25 to 4.11 per litre of urine. The density of the urine was normal. Microscopic examination showed the presence of numerous fatty globules, granular masses of precipitated urocasein, and fibrinous clots as large as the head of a pin, and containing blood-globules. The caseous material which M. Loison called urocasein was precipitable by acetic acid, the precipitant being soluble in ammonia and in the alkaline carbonates, phosphates, borates, and bicarbonates. When dissolved in bicarbonate of soda this material was precipitated by sulphate of magnesia. The alkaline solutions are precipitable by acetic and lactic acids, and by tartaric acid (an excess of this last material redissolves the precipitate). In an alkaline solution it is precipitated by alcohol, heat redissolving the precipitate. Elementary analysis shows that this casein is analogous to milk casein.

Dr. Heusner writes in the Deutsche Medicinische Wochenschrift of Oct. 31, 1883, concerning a little procedure adopted by him to facilitate the local application of chloroform for the relief of superficial pains. (Med. Record.) Although chloroform will be absorbed in greater or less degree in whatever way it is applied to the skin, yet its irritant action is much less marked and its anæsthetic effect equally as great if it can be applied only in the form of vapor. To obtain this mode of application easily and without any waste of the drug, the author had made some shallow cups of tin, curved in such a way that they might be applied closely to the skin of the face, trunk, or extremities. To render them air-tight when on the skin, the rims of the cups were provided with rubber edges. To the outside was attached an elastic band, to retain the cups in whatever position might be desired, and inside was fastened a pledget of lint. When used, a few drops of chloroform are poured on the lint and the cup then inverted over the painful part. A sensation of tingling and warmth is first felt, which soon passes on to pretty severe burning, while the original pain becomes more faint. A moderate pain may be entirely cured, and even very severe pain is rendered quite tolerable. Dr. Heusner has used this mode of application successfully in pleurodynia, dry pleurisy, gastralgia, earache, and headache. It is of little use, however, in deep-seated pain, and often the worse forms of neuralgia are uninfluenced. Instead of the specially made cups a simple wine-glass will answer the purpose. The applications should not be too long continued for fear of causing vesication.

Death from Etherization is so rare that every case should, if possible, be reported in detail, and be subjected to the closest scrutiny, in order that by comparing such cases we may possibly be able to discover the cause of the fatal event, and perhaps be able to avert it in future. In the present instance it is evident that death was caused by asphyxia, and not, as in chloroform narcosis, by paralysis of the heart. The patient lived several hours after the first alarming symptoms; she was conscious, and was able to speak. There was no obstruction in the air passages. A thrombus had formed in the right ventricle of the heart, producing in the first instance embarrassment of the pulmonary circulation,

and then its size was increased by gradual accretion of coagula, finally stopping it altogether. How can we account for the clot? The patient was apparently in fair health, but the extremely fatty condition of the walls of the right ventricle of the heart, in addition to the presence of a large effusion in the right pleural cavity, doubtless weakened the heart's action, which effect was further increased by the disturbing action of the anæsthetic on the respiration. The above is an abstract from Prof. Francis Minot's paper on a "case of death from heart clot following etherization." The summary of the autopsy is given as follows: Cancerous peritonitis and pleurisy; fatty infiltration and fresh thrombosis of right ventricle; multilocular ovarian cysts; uterine fibroid; biliary calculi, with atrophied gall-bladder. As this is such an unusual event, and the items have been so well noted, we print also the particulars of etherization and subsequent period to the time of death. The patient was an unmarried lady, forty-five years old, of a nervous temperament, general good health, and rather stout. During the last year the monthly periods, previously regular, had gradually diminished in frequency and amount. She was etherized without any special symptom; but after about half a pint of reddish fluid was withdrawn from the chest it was noticed that she became very livid, and that the breathing was very irregular and gasping. She had vomited a little fluid once during the etherization, and it was thought that some of the contents of the stomach might have passed into the larynx. (She had taken no food except a little beef tea and some coffee since the preceding evening.) The canula was immediately withdrawn from the chest. The patient's jaws were separated. Cold water was dashed on the face, ammonia applied to the nostrils, etc., and in about fifteen minutes she began to breathe freely, though somewhat rapidly, and the livid color of the face nearly disappeared. Two hours afterwards she was sleeping quietly, and the color was nearly natural; but an hour and a half later the dyspnœa and lividity returned. The respiration became rapid, its rate being about 46 and the pulse 144 in the minute. There was a fine moist râle throughout the left chest. The heart-sounds were distinct, but faint. There was no valvular murmur. The face and hands became very dusky, and the patient was evidently in a state of asphyxia. She was conscious, was aware of her danger, and made some requests to her family in relation to the event of her death. A large sinapism was applied to the left chest. Brandy, ammonia, digitalis, and pilocarpine were injected subcutaneously, and champagne was given by the mouth, but she expired without struggle eight hours after the beginning of the etherization. We would add here that we are accustomed to have on hand, whenever we administer ether, a feather or some other means of irritating the nasal mucous membrane, believing that this facilitates the restoration of the respiratory function.

Prof. Seeligmuller Claims to have met with remarkable success in the treatment of chronic articular rheumatism by electricity (Med. Record). He uses a metallic brush electrode with stiff wires, which he connects with the negative pole, the positive pole being attached to a flat sponge electrode. The latter is dampened and placed on the limb near the offending articulation, then the metallic brush is applied over different parts of the joint, being held in contact with the integument in each place for the space of from one to ten seconds. The application is very painful, but the professor remarks that the patients soon grow used to it. After a sitting the skin is covered all over with little dots, looking as if the Baunscheid instrument had been employed. The mode of action the author does not explain, but thinks it cannot be entirely owing to the counter-irritation, for he has used other equally severe cutaneous irritants without meeting with anything near the success obtained by this method. One patient, who had been treated for eight years for chronic rheumatism by all sorts of methods, was able, after the first application of electricity, to raise his arm, which had been powerless for six months; after the third ap-

plication all movements were normal. Another man was unable to move either his wrist or his shoulder, owing to rheumatism, and after five sittings was discharged as cured, and was able to resume his work as a stone-mason.

THE FOLLOWING PREPARATION is recommended in Zeitschrift der West. Allg. Apoth.-Verien, in cases where it is impossible to administer purgatives by the stomach (Med. and Surg. Reporter): ℞. Tinct. colocynth., ʒix; ol. ricini., ʒxx. M. Every morning and evening about one teaspoonful of this mixture may be rubbed in over the abdomen. The tincture is prepared by the maceration of one part by weight of fresh colocynth seeds in ten parts of concentrated alcohol.

THE FOLLOWING PRESCRIPTION is taken from the German pharmacopœia, and is much used as an anti-spasmodic in hysteria (Med. and Surg. Reporter). From fifteen minims to a half drachm or more may be administered in potion or by enema two or three times daily. The dose may be increased when the convulsive accidents are of great intensity: ℞. Tinct. assafœtidæ, ℥ss; tinct. castorei, ℥ss; tr. opii, ʒj. M.

DR. PALADINI REPORTS in the Gaz. Med. Ital. Prov. Venete., Aug. 25th, an interesting case of successful injection of blood into the subcutaneous cellular tissue of the abdomen, in a woman suffering from profuse menorrhagia. (British Med. Jour.) R. S., pluripara, aged 48, was reduced by menorrhagia to a profound degree of anæmia. On August 4th, the loss was so great that the patient's state became most alarming. Transfusion of blood was urgently indicated; no apparatus for this being at hand, it was determined to inject the blood by means of an exploratory trocar and an ordinary syringe into the subcutaneous cellular tissue of the abdomen. The blood, taken from the husband's arm, was heated, to prevent coagulation. The trocar was inserted about four fingers' breadth to the left of the umbillicus, and pushed well in so as to somewhat break up the meshes of the cellular tissue, and thus secure room for the blood to be injected. The stitch being withdrawn, an elastic tube was fastened to the end of the cannula; the blood was taken up by an ordinary metal syringe (about 90 cubic centimetres capacity), its nozzle being made fast to the elastic tube, and injected into the subcutaneous cellular tissue, where it appeared as a lump about the size of an egg. Two syringefuls were thus injected. The patient felt no pain; and, after two hours, the swelling had entirely disappeared. No abscess or other ill effect followed, a slight ecchymosis only for a few days marking the site of the injection. On the next day, the patient was much better, and began to take and retain nourishment and sleep well; for some days before, there had been constant vomiting, and no sleep. The lax connective tissue lends itself admirably to the transfusion of blood and to its rapid absorption. The quantity of blood might be easily increased, by repeating the injection in two or three different places, to 300 or 400 grammes (about 10½ or 14 ozs.) This method is free from the dangers of venous or intraperitoneal transfusion, and it is most easily done.

FAILURE OF HOT WATER to produce permanent contractions of uterus. Success with electricity. Dr. T. J. Kearney details his persistent efforts to effect permanent contraction of the uterus after labor by the injection of hot water, and the addition later of three ounces of the tincture of iodine. On the application of electricity however, continuous uterine contractions were established. We regret to say that the doctor does not give us the exact mode of applying the electricity, and that he fails to inform us whether he used the galvanic or the faradic current. We suppose, however, he used the latter.

A SUCCESSFUL CASE of nephrectomy by the post-peritoneal method was recently performed by Mr. Richard Davy, of London. The patient, a man, aged fifty-three, had a large fibro-cystic left kidney.

A Case of Acute Nephritis is reported by Herr Werner, of Heidelberg, as occurring in Professor Dusch's clinic, which is probably unique (Lancet). It was that of a child, aged five years and a half, who developed symptoms of the disease, after exposure to wet, five days before his admission into hospital. There was only a little œdema of the eyelids, together with signs of diffuse bronchial catarrh on admission, but general dropsy rapidly supervened, and death occurred from suppression of urine five days afterwards. What renders the case remarkable was that the urine only contained globulin and never serum-albumen, although repeatedly examined, amongst others by Kühne. The characters of the urine were its high color, cloudiness and moderate deposit, but no blood. Slight turbidity appeared on boiling with nitric acid, and also with acetic acid, clearing up on excess; and after super-saturation with magnesian sulphate no precipitate was obtained in the filtrate on the addition of nitric acid. Fatty epithelial and granular casts were found. The writer points out that hitherto globulin has never been met with in urine unless in company with serum-albumen; and quotes the statement of Senator, to the effect that the quantity of globulin is most in the amyloid form of renal disease, next most abundant in acute nephritis, and least in the chronic diffuse form, although much albuminuria may be present. The same author also suggested that the globulin may be derived not only from the blood, but also from the morbid changes undergone by the renal epithelium; and Herr Werner thinks his case proves the possibility of its being solely derived from the latter source. He interprets his case, then, as one in which the renal epithelium was principally affected, which speedily and widely fell into a necrotic condition, as evidenced by the tube casts, and that this necrotic cell protoplasm was the source of the globulin. The idea is, to say the least, ingenious; and it is most unfortunate that no post-mortem examination was obtainable. It should be added that the child had previously been in good health, and had never had scarlet fever.

Dr. Hessler Reports a Case of Erosion of the Internal Carotid from Caries of the Petrous Bone (Med. Record), in which sudden death from profuse hemorrhage from the mouth, nose, and ears was occasioned by caries of the tympanic cavity, causing erosion of the internal carotid. Reference to the literature of the subject shows that other similar cases have been reported. The accident seems to be especially likely to occur in these cases on account of the close relation of the internal carotid to the petrous portion of the temporal bone. The hemorrhage is generally sudden and fatal, and without prodromal symptoms. It may be brought on by a paroxysm of cough. The prognosis is, of course, very unfavorable, the patient bleeding to death before assistance can be rendered. The only treatment is compression and ligature of the common carotid. Even then hemorrhage may occur from a return current through the anastomosis with the vertebral and the cerebral anastomoses.

Dr. Fasola examines one of the Accidents of intra-uterine irrigation in the puerperal state—rigors (Med. Record). This accident is not rare, since it was observed twenty-four times in two hundred in which irrigation was used in the clinic of Turin, in the scholastic year 1881–82. Of these observations he reports eight, those, that is, in which the appearance of the rigor after irrigation was marked and characteristic. He draws the following conclusions: 1. Disinfectant intra-uterine irrigation practised in the puerperal processes of septic endometritis, with offensive lochia, etc., are frequently followed by rigors. 2. The rigor is so much the less intense as the offensiveness of the lochia is less, and the earlier the local treatment is begun; and in these cases it frequently only amounts to a sense of chilliness rather than to a decided rigor. 3. It generally appears after the first irrigations, often after the evening

irrigation; it is not always repeated. 4. The rigor is followed by elevation of temperature; but this is of short duration and is followed by a fall, sometimes great in slight cases, when the temperature did not exceed 101.3° F. before the irrigation, not uncommonly to the normal. 5. The rigor and the rise of temperature never gave rise to further alarming symptoms. He attributes the rigor to the accidental absorption of septic materials, favored or promoted by the mechanical action of the irrigation, removal of thrombi, laceration of vessels, etc. He does not consider that it in any way is to be considered as a reason why endo-uterine irrigation should be discontinued.

In Summing up an Article on the treatment of acute rheumatism by blisters, Dr. Francis P. Kinnicutt says (Med. Record): In conclusion I would add a few words in regard to the much discussed and criticized treatment of acute rheumatism by the salicyl compounds. Continued careful personal observation of their effects may be briefly summarized as follows: First. In controlling the arthritic symptoms (pain, etc.) and the pyrexia of acute rheumatism, they may still be considered as constituting the most successful of all hitherto suggested methods of treatment. Their marked effect upon the pyrexia cannot be explained by their well-known antipyretic power alone. Second. While controlling the arthritic pains and pyrexia, they seem incapable, in many cases, of wholly destroying the rheumatic virus, as is shown in the subsequent development of endocardial and pericardial affections and inflammations of other fibrous and serous textures. Third. Further proof is needed of a more frequent implication of the endocardium and pericardium under the administration of the various salicyl compounds than under any hitherto advised treatment. Fourth. The most efficient, if not essential mode of their administration is in frequently repeated doses (every two hours), that the economy may be kept continuously under their influence; they should be continued in the initial doses during the first ten days of the disease, and given in very gradually diminished amount during the patient's entire convalescence. Fifth. Their possible anæmic effects may be rationally combatted by the use of iron salts before or with the beginning of convalescence. Sixth. A continued experience with the salicyl compound contained in the oil of wintergreen (methyl ether of salicylic acid), in the treatment of a large number of cases of acute rheumatism, confirms my favorable opinion, expressed a year ago, of its efficiency and other desirable qualities. An efficient dosage is two and a half to three drachms daily. A simple and easy mode of administration is in sealed capsules, each containing ten minims of the oil.

Dr. A. D. Rockwell concludes an article on the exact value of the electrolytic method as follows (New England Med. Monthly): 1. The success to be met with in the treatment of malignant growths in general is but trifling. The size is sometimes reduced, and the pain is almost always greatly alleviated. In the class of cases, however, termed epithelioma, when the disease does not extensively involve the subjacent tissues, and where it is easily reached, it is probable that in the majority of cases the very best results will follow thorough and persistent treatment. 2. Fibroids being dense and comparatively dry, do not readily shrink under electrolysis, and it is seldom that we can accomplish more than some slight diminution in bulk. The results following this limited influence, however, are especially valuable in the case of uterine fibroids of an intra mural character, where the knife cannot be used. The pressure upon the bladder and rectum is in these cases greatly lessened, or entirely dissipated, and the relief that follows is immense. 3. It is in erectile and small cystic tumors that electrolysis is most effective. In these conditions it is indeed a specific. The cure that follows is complete, and with proper care scars can be avoided. 4. The ordinary form of goitre acts somewhat capriciously under electrolytic treatment. Goitres that are small and soft may not only be treated effectually by the in-

troduction of needles, but external applications alone will sometimes cause them to entirely disappear. Even when they are quite large, if their density is not too great, a perfect cure may follow. Where they do not entirely disappear they may almost invariably be reduced in size, affording in many cases marked relief from the pressure that is so distressing. 5. By this method hairs may be permanently removed. The negative pole and a weak current are to be used. 6. In many cases of urethral stricture permanent relief is afforded. A more extended experience, however, is necessary to establish its exact value.

Some of our Foreign exchanges relate a novel method of administering nourishment to invalids and persons with weak digestion, which, it is alleged, has been practiced in Paris with great success. (Gaillard's Med. Jour.) Diseases and enfeebled health commonly owe their origin to the imperfect assimilation of food. When the digestive functions are impaired, the body is insufficiently nourished, and it is unable to resist the encroachments of disease. For the maintenance of health and for restoration in sickness it is of the first importance that the food be not only of the most nourishing kind, but that it be administered in a form of easy digestion and assimilation. In a paper recently communicated to the Medical Hospital Association of Paris, by Dr. Debove, he describes a form of alimentation which has attracted much attention. His system is to apply nourishment in form of powder instead of in bulk. Uncooked meat, from which the fat has been removed, is minced finely and allowed to dry in an oven at about 90° Centigrade, until it becomes perfectly hard without being burnt. It is then reduced to impalpable powder by pounding in a mortar and passing through a fine sieve. The powder so obtained represents about four times its weight in flesh. The fibre and the large percentage of water contained in flesh are thus removed, and the essential properties of the meat retained and presented in a form the least difficult to digest. Other alimentary substances, such as lentils, beans, peas, etc., can be prepared in the same way. In cases of consumption the treatment is said to have proved marvelously successful, and in general debility and nervous disorders, arising from weakness, restoration is rapid and permanent. A few spoonfuls of the powder are equal to the meal of a person with a healthy appetite. The powder, when bottled, will keep an indefinite time, and may be taken with a little milk, gravy, wine, water, or other liquid.

A Case of Separation of the symphysis pubis occurred in a sixteen-year-old girl, who was thrown from her horse whilst riding astride on a man's saddle, and dragged some distance. (Australasian Medical Gazette.) When seen, a little over six weeks after the accident, she was found to be suffering from bed-sores on the back and buttocks, with a sinus in the left groin passing close to the labium. There was a copious, thick and very fetid discharge from the vagina—gritty when rubbed between the fingers. There existed a separation of the pubic symphysis of one and a half inches. On introducing the finger into the vagina the roughened edges of the pubic articulation, denuded of cartilage, could be easily made out. The finger in the vagina could be plainly felt by the finger of the other hand, placed on the mons veneris, nothing but skin intervening between the two. The orifice of the urethra was dilated and in an altered position. Six months after the accident the finger, introduced into the vagina, encountered firm bands of tendinous substance, and uniting the pelvic articulation, part of the edges of the pubic articulation could still be felt, but smooth and covered by membrane. When first allowed to walk the girl felt "loose," and a feeling as though she was falling asunder. This only exists in a very slight degree later, and is quite counteracted by a firm band round the hips. Incontinence of urine from the first, and cessation of the menses.

CONTRIBUTIONS.

LACERATION OF THE CERVIX UTERI; OPERATION.

A Clinical Lecture delivered at the Hospital of the University of Pennsylvania.

BY WILLIAM GOODELL, M.D.,
Professor of Clinical Gynæcology in the University of Pennsylvania.
REPORTED BY WILLIAM H. MORRISON, M.D.

GENTLEMEN:—The case which I shall bring before you to-day is one of laceration of the cervix, on which I shall operate. By laceration of the cervix, I mean a tear of the mouth of the womb occurring during labor which has not healed, and I may say here that these tears are very unlikely to heal unless the parts have been kept scrupulously clean. As a result of this laceration we have constant irritation. It is just as though the lower eye-lid were pulled down, producing an ectropion; the delicate conjunctiva would be exposed to the air; it would become irritated, congested and raw; there would be a blear eye. So it is when there is a laceration of the cervix. Each lip turns out, exposing the delicate lining of the canal. This membrane is kept in a state of constant soreness. During sexual intercourse, the male organ impinges on it and robs it of its epithelium. In walking, there is all the time attrition between the lining of the cervical canal and the walls of the vagina. As a result of the irritation there is an increased flow of blood to the part, the womb is always congested, and larger than it should be. The woman has menorrhagia, i. e., too great a flow at her monthly periods; sometimes when the condition is of long standing there will be a dimished flow. There is always leucorrhœa. The woman suffers from backache and is in a state of constant irritation and worry.

As I expose the parts, the first thing you notice is that there has been tear of the perineum. The sphincter ani has not been injured. She has, therefore, not lost control over the bowels, although there is a sense of lack of power.

Having placed her in Sims' position (on the left side with the knees drawn up), I introduce Sims' speculum and bring the womb in view by a tenaculum. You now see what looks an ulcerated granulating surface. When I hook a tenaculum into each lip, I at once cause the sore to disappear, and you only see a fissure. If this were an ulceration I could not cause it to disappear in this way. This lesion is very frequently overlooked and the case treated as one of ulceration. When you get into practice you will have ladies come to you and tell you that they have been to many doctors trying to get cured of ulceration of the womb. I venture to say that in nine out of ten of these cases you will find laceration of the cervix.

Bringing the two lips together, I pass a needle armed with a wire directly through both lips in the line of the future canal, twist the ends and draw out the portion of wire between the lips with a tenaculum. I thus have complete control over the womb, and giving one side of the wire to one assistant and the other to the second, I keep the lips separated while denuding them. With the knife I remove a wedge-shaped piece of cicatricial tissue from each side, beginning with the lower so as to avoid the flow of blood. Any little points that have not been removed with the knife, I trim with the scissors.

One difficulty under which I labor is the abscence of a proper light and my inablity to show the operation to very many of the class. That is the trouble with most of my operations, and those that you could see (for instance, ovariotomy) I cannot bring before you. I should not do my duty by the patient to operate before you and expose a vulnerable membrane like the peritoneum to the germs of the various zymotic diseases and germs from the dissecting-room, which you can carry in your clothing and hair, and which are floating all through this room; for they would settle on the peritoneum, and we should at once have septic fever develop and lose our patient. Before physicians were impressed with the importance of preventing the entrance of these germs into the peritoneal cavity, the fatality after ovariotomy was enormous. Lawson Tait, of England, an excellent operator, out of his first fifty cases, lost thirty-eight; out of his last one hundred he lost three. Although he does not employ the spray, he exercises strict cleanliness and avoids the risks of exposure to these germs.

You may ask why it is that I can perform this operation without risks of poisoning. I do not know that I can answer that question wholly. The area of raw surface exposed is not large, we use carbolic acid freely, we reach every part with the antiseptic, we bring the parts together, and close up the wound and syringe the vagina with carbolized water twice daily.

You see that I have now denuded both sides of each lip, leaving an undenuded space in the middle which will be the new canal; I first pass the stitches on the lower side, as it is the more difficult. After passing each stich, I place a shot over the ends of the wire and leave it until all the wires have been introduced.

This is a very successful operation. I have not failed for a long time, and when I have, the failure has been due to some extraneous cause. One of the failures was in a lady who was pregnant. She had a discharge of blood which deceived her and threw me off my guard. There were no signs of pregnancy. I performed the operation and soon bleeding began, which became worse and worse un-

til finally a small ovum about the size of a hickory nut was forced out, tearing out all the stitches. In another case, a polypoid growth, probably resulting from the retention of a portion of placenta, was forced through the cervix after the operation and tore out the stitches.

This makes, I think, my one hundred and fifty-first operation. Out of these I remember only two absolute failures. I have had one or two cases in which one side did not unite as well as the other. From the vascularity of the part and the readiness with which exact apposition can be secured, the operation is, I think, the most successful in surgery.

I have inserted three stitches on one side and four on the other. The wire employed should be the finest compatible with strength; for the finer the wire, strange as it may seem, the less likely is it to tear out. The word "tear" is a misnomer, for the stitches do not tear, but ulcerate out. A coarse wire ulcerates through the tissues much more quickly than a fine wire.

In order to remove all germs and clots, I have a stream of carbolized water (a three per cent solution) forced against the raw surfaces just before securing each shot. This is a good plan to adopt both in private and public practice. Since I am speaking of the removal of these poison germs, let me tell you what happpened to me yesterday. A woman came into my office for examination. Without thinking, I introduced my finger and found that I had gotten it into a horribly stinking cancer. Those of you who have smelt the discharge from a cancer know that it is extremely offensive. I had an ovarian tumor to remove in the afternoon, and here I had gotten my left hand (the one which I introduce into the abdomen to break up the adhesions) into this condition. What did I do? I followed the advice of Mr. Keith, of Edinburg. He says he does not hesitate to get his hands into foul matter before an ovariotomy, provided he washes them afterwards in turpentine. So I first washed my hands with soap and water, and then with turpentine, working it thoroughly in around the nails. When I came to perform the operation I had another cleansing, and during the operation I had my hands in carbolized water all the time.

A short time ago I was called in consultation by a friend to see a case of puerperal fever. The patient died. Within a few days I was called by the same gentleman to see another case of puerperal fever. Fortunately, this patient recovered. I then instituted a careful inquiry, and he told me that all his puerperal cases had been doing badly. I think that he had lost three women. I said to him: "You must be treating a case of erysipelas." He said that he had not had a case for sometime, but that he was dressing an open sore. I told him that if he would wash his hands with turpentine he would be able to get along without any trouble. He went to work with the turpentine and has had no more cases of puerperal fever. Now, before going to a case of labor, he always washes his hands with turpentine. He has become quite an enthusiast over it, and his enthusiasm is sometimes a little inconvenient, as he makes me wash my hands with turpentine whenever I see a case with him.

We had a physician in this city who had forty odd consecutive cases of puerperal fever in his practice. He then took a thorough bath, shaved his head, put on a new suit of clothes, and wore a wig. The very next puerperal case he attended died. He then left the city and settled elsewhere. It was hard to explain the cause of this fatality. Recently I heard that he had ozœna, *i. e.*, an affection of the nose, accompanied by a discharge of fetid pus. This pus is a most dangerous poison if absorbed. Probably as this gentleman was seated by the bedside of his patient his nose would itch, and in scratching it, some of this discharge remain on his finger, be carried to the vagina and inoculate the patient.

Is there danger of hemorrhage after this operation? There is never dangerous hemorrhage, but there may be annoying hemorrhage. In such a case inject very hot water, which will cause the little arterioles to contract and thus the bleeding is controlled. Never inject Monsel's solution, for this prevents union by the first intention. You may inject a saturated solution of alum which does not interfere with primary union. I have, however, never used this.

If during the operation a little artery is cut and the bleeding obscures the part, I simply pass a stitch beneath the vessel and thus close it.

I have now secured all the stitches. I next cut all, except the upper one on each side, close to the shot. I do not cut off the two upper ones, but clamping a shot on the end of each, I leave them in the vagina. This will obviate the necessity of having an assistant when I come to remove the stitches. All that will be necessary will be to introduce my bivalve speculum, catch hold of one of these wires, pull down the womb, and remove the stitches from that side, and then catching hold of the other wire remove the remainder.

The ulcerated appearance has entirely disappeared and we have a conical cervix. In the course of several weeks you would not be able to tell that an operation had been performed.

The only pain of which she will complain will be due to the pressure of the speculum against the coccyx. She will not suffer from the operation. The cervix is a remarkably insensitive body.

For instance, I may burn it with a red hot iron and the woman not know it; and I have had patients wonder where the smell of burnt flesh came from. Caustic can be applied and the woman scarcely feel it. I could have performed this operation without ether, provided the womb was low enough and the vulva did not have to be dilated.

As I have stated, the cervix is ordinarily non-sensitive, but in certain cases the cervix is exceedingly sensitive. In my experience this condition has resulted from efforts to prevent conception by the method of withdrawal. In this respect the cervix resembles bone and cartilage, which, although ordinarily without feeling, at times becomes very sensitive. Even the very hairs of the head are said to become sensitive, for in a disease of the hair known as plica polonica or Polish tangle, they become endowed with feeling and bleed on being cut. It is important to bear in mind that while ordinarily the cervix is not sensitive, it may under certain circumstances be exceedingly sensitive.

In two weeks from to-day I shall show you the result of this operation.

PERIPHERAL NEURO-TABES.

(Locomotor Ataxia with Peripheral Neuritis, the Posterior Columns of the Spinal Cord being Absolutely Normal.)

BY M. J. DEJERINE.*

[Translated by Dr. J. W. Brannan.]

The disorders of sensibility and of motion, characteristic of sclerosis of the posterior columns of the spinal cord, have long been well known and form the disease which is called tabes dorsalis or progressive locomotor ataxia. In this paper I shall show that similar symptoms, presenting a very marked (if not absolute) analogy to those of tabes dorsalis, may be observed as the consequence of peripheral neuritis widely distributed, with no lesion whatever of the spinal cord.

The two cases following are given in illustration:

The first case is that of a man, 40 years of age, who entered my wards at the hospital Lariboisiére on account of weakness of the lower extremities. This patient presented well marked symptoms of ataxia. Tendon reflex was absent. All sensibility to both touch and pain was wanting in the lower extremities. No myopia. The patient having died, the autopsy gave the following result: The spinal cord appeared healthy to the naked eye. The posterior columns were normal, both to the naked eye and under the microscope. The cutaneous nerves, taken from various points of the skin of the legs and thighs, and treated, like the posterior columns of the cord, with osmic acid and picrocarmine, showed the very marked lesions of parenchymatous neuritis. The spinal cord and the spinal ganglions, examined under the microscope after having been hardened, were absolutely normal.

The second case, more complete than the preceding, is that of a woman whom I have had under observation recently at l'Hotel-Dieu, in the service of M. Vulpian, whose place I was taking at the time. This woman, about fifty years of age, was brought to the hospital on a litter, being unable to walk. Some months before, she said, she began to feel pain in the lower extremities, and soon after began to have difficulty in walking; gradually she lost all power of walking. During the past few weeks she felt pain in the arms. The woman was now in a cachectic condition, and had probably been addicted to the use of alcohol. The erect position was still possible, but only when the eyes were open. No myopia. Emaciation of the muscles of the body. Muscular force still very marked. Slight diminution of contractility to the faradic current. Absolute inco-ordination of the lower extremities, a little less marked in the upper extremities. Anæsthesia and analgesia very marked, with delay of several seconds in the transmission of painful sensations over the whole body, excepting the face. No thermo-anæsthesia. Tendon reflex absent. The derangement of sensation became more marked as one descended toward the lower extremities. At the autopsy, an interstitial hepatitis was found. The spinal cord, including the posterior columns, appeared normal to the naked eye. The microscopical examination, the specimens being in a fresh state, gave the following result: The cutaneous nerves of the legs, thighs, arms, abdomen, and thorax presented the lesions of advanced parenchymatous neuritis. There was not one healthy cylinder in the nerves of the skin of the thighs and legs. The same alteration of the cutaneous nerves of other regions, lessening gradually as one ascended the body. Slight alteration of the intramuscular nerves; slight increase of the nuclei of the primitive fascides. The posterior and anterior columns were absolutely normal throughout the whole length of the cord. The spinal cord and spinal ganglions, after being hardened, were examined microscopically, but showed no change.

Here, then, are two cases in which very marked symptoms of tabes depend simply upon neuritis of the peripheral nerves, neither the spinal cord nor the spinal ganglions being involved. I know of no case in medical literature similar to these. In a work that will appear shortly, I shall report them more in detail, both from a clinical as well as an anatomical point of view.

*La France Médical, Oct. 30, 1883.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

On Monday, Dec. 17th, the Chicago Medical Society held its regular meeting, at which the following members were elected: Drs. G. F. Hawley, H. J. Reynolds, Carl Sanberg, B. W. Behrens, L. H. Dawson, P. C. Jensen, C. D. Wescott, and C. E. Webster.

Dr. J. S. Marshall then read a paper on Alveolar Abscess simulating Nasal Catarrh. Dr. M. called attention to the difficulties associated with the demonstration of abscesses opening into the maxillary sinuses and nasal fossæ, the discharge in some cases being only such as occur in ordinary cases of catarrh. An examination of the teeth was shown to be absolutely necessary to establish a diagnosis, or rather to exclude the teeth as the source of the difficulty. One special point of importance is the fact that the discharge in connection with these abscesses associated with the teeth is the persistence of the discharge from one side of the nose. The doctor believes that these abscesses are more frequently associated with the antrum than with the frontal sinus, as claimed by Dr. Bosworth. The difficulty referred to should not be confounded with the antral abscess. When the morbid conditions arise from a dental abscess opening into the maxillary sinus, the pent up secretions become very foul and there is danger of septic poisoning. When a tooth is suspected of being dead, if a piece of ice is applied to it without developing the sense of pain, the diagnosis of that condition is made. To illustrate the position taken the doctor narrated two cases. In the one case the difficulty arose from a central incisor. The examination of the mouth revealed that the left central incisor was the only diseased tooth in the mouth, and that after the filling was removed from the tooth water could be passed through the tooth into the nasal cavity. The second case had been treated for sometime for nasal catarrh without any apparent benefit. The discharge had always been unilateral and frequently associated with severe neuralgic pains, and at the times of exacerbation the teeth were somewhat elongated. Examination of mouth revealed first superior molar in a devitalised condition. After removal of the filling, water could be forced into the antrum of Highmore and escaped through the nose. The treatment in both cases consisted in the cleansing the cavities with carbolized water, with such precautions as were necessary to make it most efficient.

Dr. F. W. Brophy had seen similar cases to those referred to in the paper, some of which had also been treated for nasal catarrh.

Dr. W. W. Allport had also seen cases such as was referred to, but in a practice of thirty-five years he had only seen some five or six cases.

Dr. R. Tilley had treated a great number of cases of catarrh associated with more or less difficulty in the ears, but had never seen a case of discharge from the nose originating from an alveolar abscess such as was described in the paper. He asked if the dentists present, as no one had mentioned it, had used the peroxide of hydrogen in such pus cavities. He had seen it used with satisfaction in Paris in affections of the eyes.

Dr. Allport stated in answer to the last question, that it was in general use by all well informed dentists.

Dr. Axford then read a paper on Packing House Wounds. Packing house wounds, he said, is a class of incised wounds, cleanly cut, which, by reason of their peculiarities do not admit of primary union. Slight wounds which would under ordinary circumstances unite by first intention without treatment are followed by bad consequences. Generally located on hands or forearm, varying in depth from scratches to incisions clean to bone.

The amount of after trouble proportionate to depth of wound.—If the cellular tissue be opened, cellulitis with formation of large quantities of pus, requiring free incisions, results. From a small cut on the back of the hand, cellulitis extending half way up forearm, and in rare cases to the elbow, may result. If the sheath of a tendon be opened or a tendon cut it sloughs. If periosteum be cut the bone will usually necrose.

Cause is septic material from knives used in cutting meat and never disinfected. Wounds made by the knives used by those who shave the animals after they have passed through the scraping machine are followed by most intense inflammations. Cleansing the wound with antiseptics, with use of sutures when indicated, has completely failed to secure union by first intention. Since such union is probably impossible the wound should be considered a poisoned wound, and treated as such with a view to preventing consequences The actual cautery and injections of antiseptics around the wound are recommended.

Dr. E. Andrews had seen many cases which might be called packing house wounds, and could testify to the difficulty associated with such cases. He remembered two such cases where he amputated within an hour from the time of the accident, but gangrene and death followed.

Dr. R. Tilley questioned if amputation, as in the cases referred to by Dr. Andrews, was of no avail in arresting septicæmia, whether the actual cautery applied in the wound itself would be of greater service, and suggested whether or not it would be possible to apply by some means a con-

tinuous heat to the part affected, say some ten or twelve degrees above the temperature of the body.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Dec. 22, 1883.

The Vice-President, Dr. Dudley, in the chair.

Dr. Pollack presented a case typical of glio-sarcoma of the choroid and retina, which is extraordinary on account of the length of time which elapsed before it recurred. Ten years ago the man applied for treatment. The eye was enucleated and the man was told that the tumor would recur. It was six years before he showed himself again. The tumor had recurred and was again removed. To-day, four years after, he came again. The question is whether an operation is indicated here, as the whole orbit is filled by the growth and the neighboring parts infiltrated.

Dr. Lutz presented a specimen of cancer of the rectum, and said, that unlike the operation for the cure of mammary malignant neoplasms, that for a like condition of the rectum is very meagre in number and the results which follow. Gross, in his treatise on cancer of the mamma says, that if the patient survives three years after the last operation without recurrence, she has probably recovered. He also adds that thorough removal adds one year to the life of the patient. Unfortunately, the same cannot be said in regard to cancer of the rectum. Allibone does not think that this question can be positively answered in the affirmative. Cripps thinks that by an operation life will be prolonged or even a cure ensue. Another author regards the operation valuable merely as a palliative measure.

Case I.—In the January number of the St. Louis Medical and Surgical Journal, Dr. Lutz detailed a case where five inches of the rectum was removed for malignant adenoid. In five months there had been no return and the patient had gained in flesh. It is almost two years since and he is in excellent health and works at his trade as a tailor. He has control over solid fæces and it is practically a cure.

Case II, is more recent, and demonstrates that the operation has freed the patient from much pain and distress. The patient complained of "piles" and suffered when defecating, had a constant mucous discharge and could not sit down without pain. The anal orifice was patulous and two fingers could be easily introduced. Around the anus there was a wreath of nodules, which bled when touched. The growth extended three and three-fourths inches above the sphincter, was immovable and very adherent to the anterior wall. There was an enlarged gland in each groin. Excision was proposed, and but little encouragement given. The bowel was freed from its connections, cut off and the divided end attached to the skin, and drainage tubes inserted. It healsd well. The peritoneum was not cut. The operation was performed July 4th, and the patient left the hospital October 2d with no return and claimed to have control over solid fæces. Dr. L. believes it to be the recognized practice in all cases of malignant growths to remove them when consistent with the preservation of life, and should be removed as often as they recur. It seems that when a neoplasm recurs a second time it does so after a shorter period than the first. The proper procedure in Dr. Pollack's case is to entirely clean out the orbit.

Dr. Borck presented a specimen of a foot and lower third of leg amputated for cancer in a woman eighteen years old, who has borne a child. She says that she had always complained of weakness in the ankle. For the last two or three years she has had excruciating pain, and she was treated for it in various ways. It grew larger and a surgeon made an incision. Dr. B. diagnosed cancer and amputated. It is a strange fact that when cancer recurs in females it invades the uterus; it did so in this case.

Dr. Dean recalled a case of sarcoma of the eye in which the tumor extended clear back to the brain. He has had cases of cancer of the rectum, but they were too far gone to remove. He also believed that a surgeon ought not to operate unless he can help the patient. In such cases it is better to perform colotomy and make an artificial anus. The rule is never to operate when the tumor extends farther up than can be reached by the index-finger. The best operation for exsection, when the integument is intact, is Hüter's.

Dr. Engelmann believed with Dr. Lutz that the orbital sarcoma should be completely removed, and also the tissues in contact with it. If such changed tissue can be removed, it ought to be done. The speaker never found a case of cancer in utero so limited that the growth could be removed by extirpating the organ in toto. We remove what we suppose is diseased tissue; recurrence is to be expected.

Dr. Lutz asked what were our diagnostic resources in case a malignant growth starts in the fundus uteri?

Dr. Engelmann answered that it is very difficult to make the diagnosis. The scoop is the only proper method of treatment, and the microscope will make the diagnosis. When the uterus is removed by the vagina fifty per cent. recover, when by abdominal section almost all die.

Dr. Dean said that the same trouble existed in rectal cancer. Cases are not brought to the notice of surgeons until there is a great involvement. The

doctor detailed a case where life was prolonged by using the curette.

Dr. Lutz never felt so helpless as in regard to a case of cancer of the womb now under observation. He is afraid to scoop, the walls of the uterus being so thin as to be scarcely perceptible by bimanual palpation. The woman is troubled with severe hemorrhage at times. The uterus could not be scooped without opening the peritoneum. In regard to excision of the rectum, the rule Dr. Dean lays down Lisfranc made on anatomical grounds, for fear of cutting the peritoneum and producing peritonitis, which was more formidable in his time than it is to-day. One point not mentioned in the books is, that we can pull down the rectum and easily push away the peritoneum. Whenever the new growth can be dissected away from the bladder the operation onght to be performed. Other things being equal, the distance the growth extends up ought not to govern this. If lumbar colotomy is performed, some of the fæces will go down in the rectum and become impacted, forming an irritant which will increase the growth of the neoplasm.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, December 13, 1883.

Dr. J. H. Musser in the chair.

Enormous Hypertrophy of the Heart (weighing 48 ounces). By W. Dulles, M.D.

The patient from whom this specimen was obtained was a young man, eighteen years of age, who came under my care in February, 1882, in an attack of muscular rheumatism, principally affecting the shoulders. I found at that time great oppression of breathing, a heart dilated and hypertrophied, with a harsh, strong, mitral systolic and pre-systolic murmur. His urine contained bile-coloring matter, great excess of urates, great lack of chlorides and phosphates, and no albumen or sugar. In the sediments only amorphous urates were found. The treatment employed included the administration of infusion of digitalis, with iron and strychnia. At one time, believing it might benefit the violence I attributed to the real hypertrophy, I gave him veratrum viride. But it did no good. I did, however, get apparently good and prompt relief from some of the symptoms by the use of iodide of potash, in twenty-grain doses, thrice daily. After using this for a week, I noted in my case-book: "Sleeps well; eats well; feels well; cough very slight; urine clear; pulse better; cannot hear the old murmur! perhaps barely; both heart sounds audible and pretty clear; action of heart, fair. (It had been very tumultuous.) After six weeks of doing well, the patient had a new attack of uneasy stomach, dyspepsia, and more or less cyanosis. On the night of May 10th, he had a frightful attack of dyspnœa. I gave him one-fifth grain of muriate of pilocarpine hypodermically (in the left arm), under the influence of which he sweated, but had no salivation, and the next day he had a large œdematous swelling of the left side of his neck, below the jaw and reaching to the middle line in front. This increased up to the evening and gradually subsided in three days.

About this time fluid began to accumulate in the abdomen, and there was, of course, œdema of the feet and legs. There was also heard now a most beautiful water-hammer pulse over the femoral arteries below Poupart's ligament. The pulse here was intermittent and had a reduplicated sound.

Three weeks later another severe attack occurred, and again about three weeks after this. There were now in his urine considerable albumen and hyaline tube casts. When his attack came on, which was at night, I gave him half a grain of the muriate of pilocarpine hypodermically, which produced free sweating and brought out about f℥ij of saliva. His pulse came down from one hundred and forty to one hundred in half an hour. But the dyspnœa abated only temporarily; the restlessness continued; the cyanosis increased; the respiration varied from thirty-five to sixty per minute; then his bowels moved involuntarily; his lungs seemed to fill up with œdema, and he died asphyxiated.

The autopsy was made the next day, with the assistance of Dr. Formad and Dr. J. H. Musser. The points of interest were as follows: General œdema of feet and legs; the face, neck and chest covered with purpura-like spots and patches. The abdomen contained about two quarts of clear serum; each pleural cavity nearly as much. The lungs were normal, but small and occupied the upper part of the chest. They were quite œdematous. The liver was slightly fatty. Kidneys were large, congenitally lobulated, and in a state of cyanotic hypertrophy.

The heart was enormously hypertrophied, weighing, when all the adherent parts were removed, forty-eight ounces. The pericardium was so uniformly attached to it that it could not be removed, and there was absolutely no pericardial cavity. The right ventricle contained about six ounces of soft post-mortem clot. The left side contained about two ounces similar. After the heart had been opened and well washed, it weighed forty ounces. All the valves and blood-vessels were healthy. The tricuspid and aortic valves were quite competent. The mitral orifice was enormous—measuring two and a half inches across. Every part of the heart was hypertrophied, and all to about the same degree. The whole organ, which I here show, was about the size of that of a bullock.

The points of interest in this case, aside from the curiousness of the specimen, seem to me to be: the comparitive immunity of the kidneys; the absence of signs of adherent pericardium; the benefit derived from the use of iodide of potash; the temporary disappearance of the very strong mitral systolic and pre-systolic murmur; and the parotid swelling following the hypodermic injection of pilocarpine in the arm of the same side.

Dr. J. H. Musser remembered distinctly the case both before and after death. He had marked out on the chest the dimensions of the heart, and made it out enormous, extending especially to the right. Furthermore, he thought that there was a double mitral murmur. The only apparent cause for the hypertrophy was the adherent pericardium. He would like to know what Dr. Henry thought of the correctness of this explanation.

Dr. F. P. Henry said that the heart presented was remarkable, not only for its enormous size, but also for the absence of the usual causes of cardiac hypertrophy, there being neither valvular disease nor obstruction in any part of the circulation. During his student days he had seen some very large hearts in the collection which Prof. Alonzo Clark was accustomed to show to his class, but would not trust his memory so far as to affirm that any one of them was as large as the one just shown.

Dr. MacConnell had seen a case in a member of the Modjeska troupe where post-mortem examination showed an enormously hypertrophied heart with adherent pericardium, and markedly granular kidneys. In this case the hypertrophy was clearly due to the kidney trouble.

Dr. Formad thought that Dr. Dulles' case was unique as to size. Dr. Robinson, of New York, had recently reported a case of hypertrophied heart weighing fifty-six ounces; but Dr. Dulles' specimen was weighed after removal of clots, etc.

Dr. Musser asked whether other members of his patient's family had not hypertrophied hearts without valvular lesions. If such was the case, taking into consideration the age of the patient, it would be well to consider the probability of the hypertrophy being in part secondary to the pericardial adhesions, in part idiopathic in origin.

Dr. Dulles said that there was a tendency to hypertrophy of the heart in one sister, and that the murmur at times was double.

Calcified Pericardium—Double Mitral Disease.

Ella S., white, æt. twenty-three, was admitted to the University Hospital in Sept., 1880, complaining of palpitation of the heart and dyspnœa, and suffering from anœdematous condition of the lower extremities. She was a girl of regular habits, somewhat exposed to changes of weather and to wet, doing no very hard work. She had had the diseases peculiar to childhood, but never rheumatism nor chorea. Her father had had acute articular rheumatism and died suddenly; beyond this there was nothing peculiar in the family history. Three years before admission, she first noticed slight palpitation and dyspnœa on exertion. For some time before that she had been subject to frequent attacks of epistaxis. One year afterward dropsy appeared in the ankles and spread upward. The palpitation and dyspnœa became more troublesome, her flesh and strength failed, and she was compelled to quit work and come into the hospital. When first seen she was pale, anæmic, weak, breathless on exertion. The heart's apex beat was in the seventh interspace, one inch outside of the nipple line, action strong and heaving. Best heard over the apex beat, but transmitted feebly up toward the base of the heart and well out into the axilla, was a loud-blowing systolic murmur. There was no pain in the heart nor tenderness on pressure over it, nor had there ever been. Over the lungs were scattered râles; the respiratory murmur was harsher on the left than on the right. Cough was slight, with some mucous expectoration. The lower extremities were œdematous and the abdominal cavity about half filled with fluid. The liver was slightly enlarged. The urine was normal in quantity and contained neither albumen nor casts. Under treatment the urine became copious, the œdema gradually disappeared, and the heart action became stronger and more regular. In a few days friction sounds appeared at the base of the right lung. Any slight exposure would bring on an attack of intense congestion of the lungs with dyspnœa that often threatened life, and with these attacks there was often congestion of the kidneys with suppression of the urine. Between the attacks the heart retained its power well, though it slowly dilated. At intervals she complained of dull pain in the hepatic region. The rough respiration noted at first over the left lung became more and more marked, till finally over a small area just below the spine of the scapula it had developed into bronchial breathing. Friction sounds came and went. There were always moist râles scattered through the lungs. The expectoration was mucous or rarely muco-purulent Three months after she came under observation there was developed at the second right intercostal space, and carried out into the arteries of the neck, a systolic murmur differing in pitch and tone from the mitral systolic. About this time, too, she complained of pain in the heart whenever its action was excited. Soon afterward albumen was found in the urine but no casts; this was the only time it was even detected. Fourteen months after she was first seen there was noticed,

just inside the apex beat and carried distinctly toward the base, a harsh, short murmur, immediaiely preceding the systolic murmur and separated from it by an exceedingly short but appreciable interval. This murmur was noted on several occasions afterward, but was much more frequently absent than present. Its appearance and disappearance seemed to be attendant on no definite conditions. Soon after it was first noticed she had several attacks of epistaxis, and afterward occasional slight hemorrhages from the lungs. She was discharged in March, 1881, and was readmitted last September. She had been gradually losing ground; seven months before, she took cold, the dropsy returned and persisted. When seen, the whole body was œdematous and the abdomen enormously distended. The apex was in the fifth interspace in the mid-axillary line. The systolic murmurs were, perhaps, louder, but beyond this had not changed. Over an area between the left nipple and the sternum was heard a harsh, low-pitched pre-systolic murmur. It was much more apparent than the former pre-systolic murmur, but had the same characters. Its point of maximum intensity was just to the left of the sternum. It was constant. The respiratory murmur over the left lung was very much harsher than on the right. Below the spine of the scapula the breathing was sometimes blowing with mucous râles—sometimes cavernous with gurgling râles. The expectoration was mainly frothy mucous. She died three weeks after admission in a fit of dyspnœa. Autopsy seven hours after death. General dropsy, most marked in the lower extremities and genitals. On the lower part of the abdomen there is a marked varicose condition of the cutaneous lymphatics. Cavity of the pericardium is completely obliterated by adhesions. The two pericardial surfaces and the fibrous tissue connecting them had been changed into a calcareous plate, three inches broad, completely encircling about its middle the heart, with the exception of a space one inch wide on the posterior surface of the left ventricle. This calcified condition extended for one inch on the anterior surface of the pulmonary artery. The heart with the calcified pericardium weighed twenty-eight ounces. The auricles were dilated, their walls thinned. The ventricles were dilated, their walls thickened, and undergoing fatty degeneration. The leaflets of the mitral valves were thickened and rigid; the mitral orifice was very decidedly narrowed. In the inner surfaces of the left auricle were several calcareous patches. The aorta was very small, scarcely admitting the index finger, and showed patches of atheroma. The lungs were chronically congested and œdematous, the condition being most marked on the left; there was no breaking down of their substance. The abdomen contained five gallons of straw-colored serum. The peritoneum was thickened and roughened. The liver weighed three and one half pounds, and was cirrhotic. Its capsule was much thickened and adherent to surrounding structures. The mucous membrane of the stomach was mammillated and thickened. The kidneys showed cyanotic induration.

SELECTIONS.

ON A CASE OF ENCYSTED VESICAL CALCULUS.

BY THOMAS ANNONDALE, F.R.C.S.ED., F.R.S.ED.

[British Medical Journal.]

J. B., aged 73, was admitted into my wards in the Royal Infirmary on May 8th, 1883. With the exception of a slight attack of hemiplegia, the symptoms of which had now almost disappeared, the patient had enjoyed good health; but, about four years before his admission, he commenced to suffer from bladder-irritation, and other signs of stone. He was treated by various medicines, and was several times sounded for stone, but without relief or the detection of any calculus in the bladder. His symptoms increased in severity, and he was advised to come to me.

When admitted, he had all the symptoms of stone in the bladder well marked, and the bladder was so irritable that he required to pass urine almost every half-hour, and, in consequence, he could get little rest at night. I carefully searched the bladder with both sound and lithotrite, and with the patient in different positions, but I could never detect a stone. There was a moderate enlargement of the prostate

As his sufferings were aggravated, I determined to explore the bladder by external incision, and, on May 14th, I opened into the membranous portion of the urethra by a median perineal incision, and introduced, first my finger, and then a pair of straight lithotomy-forceps, into the bladder. I was still unable to feel any stone, but, on introducing a pair of curved lithotomy-forceps, and turning them round towards the base of the bladder, I struck against a stone. Only a small portion of the stone could be struck directly, the remainder of it feeling as if covered by some soft membrane. Having enlarged the wound by incising the prostate, I attempted to extract the stone; but, when it was held in the forceps, it felt fixed, and could not be removed from the bladder. I could not reach the stone with my finger, but I passed a probe-pointed knife along the forceps, and endeavored to divide the membrane surrounding the stone. Notwithstanding this proceeding, the stone still remained fixed to the wall of the bladder, but, after a little traction and rotation of the forceps and contained stone, the fixing

cause gave way, and the stone was removed from the bladder. Free bleeding followed the removal of the stone, and it was found that, along with the stone and partially surrounding it, there was a piece of mucous membrane which had been torn from the wall of the bladder. The insertion of a tube and plugging the wound stayed the bleeding, and on the following day the patient was progressing most favorably; the plugs were removed, and the urine, with some blood-clots, was passing freely through the tube. On the 16th and 17th, the patient was making excellent progress, and the urine was passing clear and free of blood.

On the 18th, the patient was suddenly seized with an attack of hemiplegia; he became unconscious, and, on the 20th, he died from the results of the attack.

The stone removed was an oxalate of lime one, with a slight coating of phosphates; it was rounded in shape, nodular, and had a diameter of one inch.

The post-mortem examination revealed that the cause of death was an inflammatory softening of the left side of the pons Varolii. The arteries at the base of the brain were markedly atheromatous, and the changes in the nerve-substance appeared to follow the course of one of these vessels. The prostate was of the size of a small apple; the coats of the bladder were thickened, and the mucous membrane showed signs of chronic cystitis. There were no appearances of peritonitis or other acute inflammatory condition. In the posterior wall of the bladder, at a point corresponding to the upper part of the center of the trigone, there was a well-marked sac, the posterior wall of which was a dilatation of the posterior wall of the bladder; the anterior and lateral walls had a free margin, and were composed of mucous membrane and submucous tissue. The margin of these latter walls had a torn appearance, and it was from them that the mucous membrane had been torn away by the forceps in the removal of the stone. When the stone was placed in the sac, the greater portion of it was buried in its cavity; and it was evident that, before the mucous membrane was torn away by the forceps, only a small portion of the stone must have been uncovered.

Remarks.—I record this case, not only as an example of encysted calculus, but also as an illustration of the value of an exploratory median perineal incision in determining doubtful affections of the bladder.

Cases of well authenticated examples of encysted calculi are sufficiently uncommon to warrant a special notice of any case in which the condition has been verified, as in the present instance, by post-mortem examination. The enlargement of the prostate made the detection of the stone more difficult in my case; but, from a consideration of other recorded cases, it would appear that the presence of an encysted stone cannot always be certainly determined by ordinary searching, and that therefore an exploratory incision is advisable when the symptoms of stone are well-marked, and sounding fails to discover a stone, or treatment is unsuccessful in relieving the symptoms.

The true nature of the case just recorded would not have been determined unless the exploratory incision had been made; and the death of the patient from another cause does not detract from the fact that in consequence of the incision the stone was detected, and the patient was successfully relieved from the cause of his suffering.

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*ON THE RADICAL CURE OF EXOMPHALOS.**

BY LAWSON TAIT, F.R.C.S.

[British Medical Journal.]

A hernial protrusion at or near the umbilicus is an exceedingly troublesome condition in the adult. In children, it can be cured by the careful use of a well fitting truss in the great majority of cases; indeed, I have never seen an umbilical hernia in an adult which dated from childhood. It must be by far more common in women than in men, for I cannot find amongst my surgical friends, who see men as patients, that it is common in males; whilst those of us who deal with the abdominal viscera of women, see it very often. It occurs chiefly in very fat women, or in those whose abdominal walls have been greatly stretched by many labors, or by large tumors, and we all know that it is peculiarly liable to strangulation. It is never cured in the adult by the use of a truss; in fact, in my experience, it generally gets worse in spite of every or any kind of truss, and the employment of such means of retention is always irksome and sometimes quite impossible.

I have not made anything like an exhaustive research into the literature of the radical cure of umbilical hernia, but what search I have made has been singularly barren of results. In most of the text-books it is not even mentioned; and, even in the special books, very little is said about it. I have found record of a few cases, as in Professor John Wood's book, where stitching operations have been done subcutaneously, but they have been mostly in children, and no definite statements are made as to the subsequent results.

The peculiarities of exomphalos, that the omentum is inevitably present in the sac, that it is al-

*Read before the Clinical and Pathological Section of the Birmingham and Midland Counties Branch

most always adherent to the inner surface of the sac, and generally irreducible, have stood very much, indeed completely, in the way of the means of the subcutaneous operations; and the extreme difficulty of being sure that all the intestine is returned before the wires are tightened, forms a serious danger in their performance. Still another difficulty exists—one much less known—that it is almost exceptional to find a single hernial aperture; they are generally multiple.

Concerning the adhesion of omentum to the sac, Mr. Wood says that it would not constitute a serious objection to the operation, since the presence of an omental plug would contribute to the closure of the aperture, and strangulation of this structure by the ligature might be avoided in its application. A very extensive acquaintance with the omentum leads me to differ entirely from these two statements, and to conclude that the retention in the ring of a piece of omentum would be a complete bar to any permanence of its closure. Mr. Wood further says that the presence of much permanent distension of the abdominal cavity by fat or other causes, would preclude any attempt at a radical cure by operation, and this, of course, removes the great bulk of sufferers from any hope of relief. A final objection to all subcutaneous operations is, that the utmost that is gained by them is the union of opposing surfaces of peritoneum, such an union as is not at all likely to resist a stretching force for any length of time. I have seen only one such operation done, very many years ago. It was perfectly successful for a few months, but, after that, the patient slowly relapsed into her former state.

The operation I am now about to describe I was led to first by being obliged, occasionally, to operate in cases of strangulated exomphalos. In such cases, I have never done what is recommended as the extraperitoneal operation, as I am sure it cannot be so safe as the operation by opening the sac; and it leaves the patient, after her recovery, with a larger hernia than she had before it. In such cases, as far as I can find (for in my earlier practice, and before my present method of record was in fashion, such abdominal sections were not thought worthy of specific record), eleven in number, I have opened the sac, freed all adhesions, removed redundant and irreducible omentum, pared the edges of the ring, and stitched them together. Every one of the eleven recovered; and I cannot discover that I have had a death in such a case—certainly it would be an incident not likely to be forgotten. I know three of these patients now, and the cure of the protrusion is permanent, after eleven, eight and five years, respectively. What has come to the others, I do ot know.

But since the time when I began to discard the superstitions of the peritoneum, between five and six years ago—that is, after the clamp was given up in ovariotomy, for all true progress in abdominal surgery dates from that—I have turned my attention to the radical cure of exomphalos, as one of the legitimate advances of my department. I have deliberately opened a number of hernial sacs, at or near the umbilicus; have reduced the intestine; cut off adherent omentum; pared the edges of the ring or rings; stitched them together by a continuous silk thread (which I leave permanently there); and have thus secured complete occlusion of the sac. The cases are included in the various series of abdominal sections I have published, and several have been performed since my last series was published. As might be expected, such an operation has had no mortality—I should be immensely surprised if I lost a case—and the results, so far, are all quite permanent. All the patients have been fat, some very fat, and the last one was pregnant.

This short paper I purpose to be a mere preliminary note of my practice on this subject; and, therefore, I have given no details. I shall take the matter up at length in a coming anuual series of cases.

Let me conclude by saying, that I have an impression that the radical cure of hernia, of other kinds than umbilical, will, by-and-by, be undertaken by abdominal section. I am not sure but that it will be extended to operations for strangulated hernia. A few weeks ago, I removed an ovarian tumor from a woman with a femoral hernia, in which intestine was adherent. It was a very easy matter to undo the adhesions, and, by means of a handled needle and a silk thread, to obliterate the ring in a manner which, I am sure, no operation from the outside could have effected. So much can be done through a two-inch incision, that, if I should be ever called upon again (as I very rarely am) to operate on a strangulated femoral hernia, I believe I shall proceed by abdominal section, and complete the radical cure of the protrusion at the same time that I relieve the obstruction.

The Use of Oleum Terebenthinæ Rectificatum has been highly extolled (Cincinnati Lancet and Clinic) by some German writers, in the early stages of diphtheria. It is said to act with great promptness, often dispelling every trace of the disease in twenty-four hours. The dose, which should be given in warm milk, is from a teaspoonful for children to a tablespoonful for adults, night and morning.

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